

Exhibit A

1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF NEW JERSEY
3
4 IN RE JOHNSON & JOHNSON TALCUM)
POWDER PRODUCTS MARKETING,)
5 SALES PRACTICES, AND PRODUCTS)
LIABILITY LITIGATION,)
6)MDL NO.
)16-2738(FLW)(LGH)
7 THIS DOCUMENT RELATES TO ALL)
CASES,)
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14 VIDEOTAPED DEPOSITION OF CHERYL SAENZ, M.D.
15 SAN DIEGO, CALIFORNIA
16 WEDNESDAY, MARCH 13, 2019
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23 STENOGRAPHICALLY REPORTED BY:
24

Valerie C. Rodriguez
25 CSR No. 12871 (orig 6980)

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<p>1 UNITED STATES DISTRICT COURT 2 FOR THE DISTRICT OF NEW JERSEY 3 4 IN RE JOHNSON & JOHNSON TALCUM) POWDER PRODUCTS MARKETING,) 5 SALES PRACTICES, AND PRODUCTS) LIABILITY LITIGATION,) 6)MDL NO.)16-2738(FLW)(LGH) 7 THIS DOCUMENT RELATES TO ALL) CASES,) 8) 9 10 11 VIDEOTAPED DEPOSITION OF CHERYL SAENZ, M.D., TAKEN 12 ON BEHALF OF THE DEFENDANTS, AT 12255 EL CAMINO 13 REAL, STE. 100, SAN DIEGO, CALIFORNIA, COMMENCING AT 14 9:30 a.m. AND ENDING AT 6:19 p.m. ON WEDNESDAY, 15 MARCH 13, 2019, BEFORE VALERIE C. RODRIGUEZ, 16 CERTIFIED SHORTHAND REPORTER NO. 12871 (ORIGINALLY 17 6980). 18 19 20 21 22 23 24 25</p>	<p>1 APPEARANCES CONTINUED: 2 3 4 FOR DEFENDANTS JOHNSON & JOHNSON 5 DRINKER, BIDDLE & REATH, LLP BY: SUSAN M. SHARKO, ESQ. 600 CAMPUS DRIVE 6 FLORHAM PARK, NEW JERSEY 07392 973.549.7000 7 SUSAN.SHARKO@DBR.COM 8 9 FOR DEFENDANT PTI ROYSTON/PTI 10 TUCKER ELLIS LLP BY: MICHAEL ANDERTON, ESQ. 11 950 MAIN AVENUE SUITE 1100 12 CLEVELAND, OHIO 44113 216.696.4835 13 MICHAEL.ANDERTON@TUCKERELLIS.COM 14 15 FOR DEFENDANTS PCPC: 16 SEYFARTH SHAW LLP BY: RENEE B. APPEL, ESQ. 17 975 F STREET, NW WASHINGTON, DC 20004-1454 202.463.2400 18 RAPPEL@SEYFARTH.COM 19 20 ALSO PRESENT: 21 22 DARNELL BROWN, VIDEOGRAPHER 23 24 25</p>
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<p>1 APPEARANCES: 2 3 FOR PLAINTIFF: 4 ROBINSON CALCAGNIE, INC. BY: CYNTHIA L. GARBER, ESQ. 5 19 CORPORATE PLAZA DRIVE NEWPORT BEACH, CALIFORNIA 92660 6 949.720.1288 CGARBER@ROBINSONFIRM.COM 7 8 FOR PLAINTIFF: 9 BEASLEY ALLEN BY: MARGARET M. THOMPSON 10 MD, JD, MPAFF 218 COMMERCE STREET 11 PO BOX 4160 MONTGOMERY, ALABAMA 36103 12 334.269.2343 MARGARET.THOMPSON@BEASLEYALLEN.COM 13 14 FOR PLAINTIFF: 15 BLOOD HURST & O'REARDON LLP BY: PAULA R. BROWN, ESQ. 16 501 WEST BROADWAY SUITE 1490 17 SAN DIEGO, CALIFORNIA 92101 619.338.1100 18 pbrown@bholaw.com 19 20 FOR DEFENDANTS JOHNSON & JOHNSON: 21 22 NUTTER MCCLENNEN & FISH LLP BY: DAWN M. CURRY, ESQ. 155 SEAPORT BOULEVARD 23 BOSTON, MASSACHUSETTS 02210 617.439.2286 DCURRY@NUTTER.COM 24 25</p>	<p>1 INDEX TO DEPOSITION OF CHERYL SAENZ, M.D. 2 MARCH 13, 2019 3 4 EXAMINATION BY MS. GARBER 12 5 EXAMINATION BY MS. CURRY 363 6 7 EXHIBITS 8 MARKED DESCRIPTION PAGE 9 Exhibit 1 Payment Type Definitions 35 10 Exhibit 2 Industry Payments to Obstetrician Gynecologists 11 An Analysis of 2014 Open Payments Data 46 12 13 Exhibit 3 Notice of Deposition of Cheryl Saenz, MD 78 14 Exhibit 4 Defendants' Response to Plaintiffs' Document Requests 15 Contained in Notice of Oral and Videotaped Deposition of 16 Cheryl Saenz, M.D. and Duces Tecum 82 17 18 Exhibit 5 Expert Report of Cheryl Christine Saenz, MD 19 for General Causation Daubert Hearing 94 20 Exhibit 6 Rule 26 Expert Report of Rebecca Smith-Bindman, MD 115 21 22 Exhibit 7 Schildkraut paper, Association between Body 23 Powder Use and Ovarian Cancer: The African American Cancer 24 Epidemiology Study (AACES) 118 25</p>

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<p style="text-align: right;">Page 11</p> <p>1 SAN DIEGO, CALIFORNIA, WEDNESDAY, MARCH 13, 2019</p> <p>2 ~~~9:30 A.M.~~~</p> <p>3 -OOO-</p> <p>4</p> <p>5</p> <p>6 THE VIDEOGRAPHER: Good morning. We are</p> <p>7 now on the record. My name is Darnell Brown and I'm</p> <p>8 the videographer with Golkow Litigation Services.</p> <p>9 Today's date is March 13th, 2019, and the</p> <p>10 time is 9:29 a.m. This video deposition being is</p> <p>11 held in San Diego, California, in a matter of In Re:</p> <p>12 Talc, the United States district court for the</p> <p>13 district of New Jersey.</p> <p>14 The deponent is Dr. Cheryl Saenz.</p> <p>15 Counsel, please identify yourselves for the record.</p> <p>16 MS. CURRY: Dawn Curry on behalf of</p> <p>17 Johnson & Johnson.</p> <p>18 MS. SHARKO: Susan Sharko for Johnson &</p> <p>19 Johnson, the defendants.</p> <p>20 MR. ANDERTON: Michael Anderton for PTI</p> <p>21 Royston and PTI Union.</p> <p>22 MS. APPEL: Renee Appel on behalf of</p> <p>23 defendant Personal Care Products Council.</p> <p>24 MS. GARBER: Cynthia Garber on behalf of</p> <p>25 the plaintiffs.</p>	<p style="text-align: right;">Page 13</p> <p>1 took my deposition in a matter in 2017.</p> <p>2 BY MS. GARBER:</p> <p>3 Q That was in the Echeverria case; is that</p> <p>4 correct?</p> <p>5 A That's my recollection.</p> <p>6 Q That was in the California JCCP?</p> <p>7 A I don't know what you mean by that.</p> <p>8 Q That was venued in California in</p> <p>9 Los Angeles; is that correct?</p> <p>10 A Well, we took the deposition in</p> <p>11 San Diego, but I believe the case was tried in</p> <p>12 Los Angeles.</p> <p>13 Q Correct. You testified at that trial;</p> <p>14 did you not?</p> <p>15 A I did.</p> <p>16 Q You've testified at other talc product</p> <p>17 litigation cases, have you not?</p> <p>18 A Can you define for me what you mean by</p> <p>19 "testify"?</p> <p>20 Q Sure. Did you testify in court in</p> <p>21 connection with other talcum powder product cases</p> <p>22 aside from California?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: Only one other case.</p> <p>25 ///</p>

<p style="text-align: right;">Page 14</p> <p>1 BY MS. GARBER: 2 Q What was the name of that case as you 3 recall it? 4 A My recollection is that that case was 5 called Ingham, et al. versus Johnson & Johnson. 6 Q Those are the only two occasions where 7 you testified in court in connection with a talcum 8 powder litigation? 9 A That's correct. 10 Q Do you hold yourself out as a gynecologic 11 oncologist? 12 A Well, I don't just hold myself out. I'm 13 board certified in the subspecialty of gynecologic 14 oncology, so I'm also recognized by the American 15 Board of OB-GYN. 16 Q And you're a medical doctor? 17 A Yes. 18 Q And you're licensed in the State of 19 California to practice medicine? 20 A Yes. 21 Q You just mentioned you're board 22 certification. So you're board certified by what's 23 known as ACOG? 24 A No. 25 MS. CURRY: Object to the form.</p>	<p style="text-align: right;">Page 16</p> <p>1 MS. CURRY: Object to the form. 2 THE WITNESS: I don't think that's quite 3 accurate because that's not the way I look at it. 4 I've testified at deposition twice in one matter, 5 because initially, I was only offering testimony on 6 six of the plaintiffs but then I gave additional 7 testimony. 8 So I still look at that as really only 9 one deposition. 10 BY MS. GARBER: 11 Q Let me see if I can clarify. You've 12 offered a deposition in connection with the 13 Echeverria matter that you've already told us about; 14 correct? 15 A Correct. 16 Q You've also provided deposition testimony 17 in connection with the Ingham matter; correct? 18 A Correct. 19 Q You've also given deposition testimony in 20 the Brower matter? 21 A Correct. 22 Q You've also given deposition testimony in 23 the Forrest matter; correct? 24 A Correct. So I apologize, you're correct. 25 There are four.</p>
<p style="text-align: right;">Page 15</p> <p>1 BY MS. GARBER: 2 Q I'm sorry. By the American board of 3 obstetricians and gynecologists; correct? 4 A Actually the board is called American 5 Board of Obstetrics and Gynecology. 6 Q Thank you. Are you a member of ACOG? 7 A I am. 8 Q You are also subspecialty board certified 9 in gynecologic oncology? 10 MS. CURRY: Object to the form. 11 THE WITNESS: Right. So I actually hold 12 two boards. I hold a board in obstetrics and 13 gynecology and a board in gynecologic oncology. 14 BY MS. GARBER: 15 Q Are you a member of the Society of 16 Gynecologic Oncologists? 17 A I am. 18 Q You are here as an expert witness for 19 defendant Johnson & Johnson in connection with the 20 talcum powder product litigation; true? 21 A I am. 22 Q And you have given four prior depositions 23 regarding defendant Johnson & Johnson's talcum 24 powder products and the risk of ovarian cancer; 25 correct?</p>	<p style="text-align: right;">Page 17</p> <p>1 Q Have you testified in deposition or trial 2 in any other talcum powder product cases? 3 A No. 4 Q You last gave a deposition in the 5 Flannigan matter in 2019? 6 A I believe that deposition, yes, was in 7 2019, that's correct. 8 Q Have you given any deposition since then? 9 A No. 10 Q Is it true that the Flannigan matter did 11 not concern talcum powder products or ovarian 12 cancer? 13 A That's correct. 14 Q Did the Flannigan matter concern any of 15 the issues as you deem them in this case? 16 A No. 17 Q The case was totally unrelated to any 18 issue in this case; is that true? 19 A That's correct. 20 MS. CURRY: Object to form. 21 THE WITNESS: That's correct. 22 BY MS. GARBER: 23 Q I know you've just recently given a 24 deposition, but I'll just basically re-cover some -- 25 A I'm sorry, ma'am. May I stop -- I'm</p>

<p style="text-align: right;">Page 18</p> <p>1 sorry.</p> <p>2 Q Of course.</p> <p>3 A In the broadest sense that the Flannigan</p> <p>4 matter did involve causation, then I would say there</p> <p>5 is a similarity between these cases from the</p> <p>6 Flannigan matter. But it wasn't the same type of</p> <p>7 cancer and it wasn't a talcum powder litigation.</p> <p>8 Q What was the nature of the allegations in</p> <p>9 the Flannigan matter?</p> <p>10 A The nature of the allegations was that</p> <p>11 the failure on the part of a practitioner, a medical</p> <p>12 doctor to obtain a Pap smear on a patient led to a</p> <p>13 delay in diagnosis.</p> <p>14 Q Who were you the expert witness for, the</p> <p>15 defense or the plaintiff?</p> <p>16 A The defense.</p> <p>17 Q And it was your opinion that there was no</p> <p>18 delay in diagnosis?</p> <p>19 A It was my opinion that the absence of a</p> <p>20 Pap smear being obtained at the time that plaintiff</p> <p>21 asserted it should have been did not lead to a</p> <p>22 change in the patient's outcome.</p> <p>23 Q In that matter, did you testify about the</p> <p>24 risk factors that may or may not be applicable for</p> <p>25 endomet -- I'm sorry, uterine cancer?</p>	<p style="text-align: right;">Page 20</p> <p>1 BY MS. GARBER:</p> <p>2 Q You understand that you've taken an oath</p> <p>3 to tell the truth under penalty of perjury, which</p> <p>4 carries the same force and effect as if we were</p> <p>5 sitting in a court of law rather than in the</p> <p>6 informal setting of this conference room.</p> <p>7 You understand that, don't you?</p> <p>8 A Yes.</p> <p>9 Q You understand that if you don't</p> <p>10 understand any of my questions, that it's perfectly</p> <p>11 fine for you to ask for clarification; right?</p> <p>12 A Correct.</p> <p>13 Q And I'm going to hope that you will do</p> <p>14 so. If you don't understand the nature of my</p> <p>15 question and you answer it, then I'll assume you</p> <p>16 understood the nature of my question.</p> <p>17 Is that fair?</p> <p>18 A Fair.</p> <p>19 Q You're doing a very good job of not</p> <p>20 talking over the top of me and I'll try to do a good</p> <p>21 job of not doing that. So let's try to avoid that,</p> <p>22 especially as it gets later in the day so we have a</p> <p>23 clear record; okay?</p> <p>24 A Okay.</p> <p>25 Q It's important to be truthful in a</p>
<p style="text-align: right;">Page 19</p> <p>1 A It wasn't a case of uterine cancer, so</p> <p>2 no.</p> <p>3 Q Was it a case of cervical cancer?</p> <p>4 A Yes.</p> <p>5 Q Did you testify about the risk factors</p> <p>6 for that disease?</p> <p>7 A Only in the most general sense. It was</p> <p>8 not really the focus of my testimony.</p> <p>9 Q Was the focus of your testimony relating</p> <p>10 to causation in any way as concerning the risk</p> <p>11 factors for cervical cancer?</p> <p>12 MS. CURRY: Object to form.</p> <p>13 THE WITNESS: Again, not other than in</p> <p>14 the most general sense. My testimony really was</p> <p>15 more about whether or not a Pap smear should have</p> <p>16 been performed at the time the plaintiff asserted it</p> <p>17 should have been.</p> <p>18 MS. GARBER: Thank you.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Let's go over some of the ground rules</p> <p>21 that govern the deposition process just as a review.</p> <p>22 You're sufficiently familiar with ground rules that</p> <p>23 cover the deposition process?</p> <p>24 A I believe I am.</p> <p>25 MS. CURRY: Object to the form.</p>	<p style="text-align: right;">Page 21</p> <p>1 deposition; right?</p> <p>2 A I would agree with that.</p> <p>3 Q Do you agree it's important to be candid</p> <p>4 and fair because this testimony will be, could be</p> <p>5 read and heard by a court and jury?</p> <p>6 MS. CURRY: Objection to the form.</p> <p>7 THE WITNESS: I don't really know what</p> <p>8 will happen with this testimony today, but I agree</p> <p>9 that it's important to be candid and fair.</p> <p>10 BY MS. GARBER:</p> <p>11 Q Do you also agree it's important to tell</p> <p>12 the truth, the whole truth, and not half truths?</p> <p>13 A Absolutely.</p> <p>14 Q We'll go through some of your sort of</p> <p>15 background. Can we agree that it is important for</p> <p>16 you to avoid giving the impression that you are an</p> <p>17 expert in a given area where you have no expertise?</p> <p>18 MS. CURRY: Object to form.</p> <p>19 THE WITNESS: I think I would have to</p> <p>20 have you define what is expertise, because your</p> <p>21 understanding of expertise may not be in agreement</p> <p>22 with my understanding of expertise.</p> <p>23 BY MS. GARBER:</p> <p>24 Q Certainly. But if you understand the</p> <p>25 nature of my question, you won't try to answer</p>

<p style="text-align: right;">Page 22</p> <p>1 questions out of your understood expertise. 2 Is that a fair statement? 3 A I think that's fair. 4 Q For example, you've never conducted 5 research regarding the effects of talcum powder 6 products including its carcinogenicity; right? 7 MS. CURRY: Object to the form. 8 THE WITNESS: What do you mean by 9 research? 10 BY MS. GARBER: 11 Q Have you done any research with regard to 12 talcum powder products? You yourself, have you done 13 any research studies? 14 A I'm certainly researched the literature. 15 Q But have you done any -- okay, that's 16 fair. Have you done any experimentation with regard 17 to talcum powder products and ovarian cancer? 18 A You mean benchtop research or clinical 19 trials research? 20 Q Yes? 21 A No, I've not done either of those. 22 Q With regard to the literature, have 23 you -- you yourself, conducted any epidemiological 24 studies in connection with talcum powder products 25 and ovarian cancer risk?</p>	<p style="text-align: right;">Page 24</p> <p>1 A That's true. 2 Q Have you been asked to publish your 3 research? 4 A I'm sorry. No, I have not. 5 Q Have you endeavored to attempt to publish 6 your expert report which was issued in connection 7 with this litigation, which is dated February 25th, 8 2019? 9 A No, I have not. 10 Q Have you endeavored to publish any of 11 your expert reports that you have issued in 12 connection with talcum powder product litigation? 13 A Well, there's only one other report that 14 I've actually ever generated and no, I've not 15 endeavored to publish that either. 16 Q And that report was the Echeverria 17 report; correct? 18 A That's correct. 19 Q Are you an expert with regard to causes 20 of ovarian cancer? 21 A So I believe I'm an expert with risk fact 22 to risk factors associated with the development of 23 ovarian cancer, but I don't believe that we know in 24 any one particular patient what causes ovarian 25 cancer. I would not use that term.</p>
<p style="text-align: right;">Page 23</p> <p>1 A Do you mean have I published on that? 2 Q Yeah. 3 A I've not published on that, but I've 4 certainly conducted research with the literature in 5 the sense of reading it in order to understand it 6 and to express an opinion. 7 Q And that is the extent of your research 8 experience with regard to talcum powder products and 9 risk of ovarian cancer; correct? 10 MS. CURRY: Object to the form. 11 THE WITNESS: So I'm not entirely 12 comfortable with what I think is your vague use of 13 the term research, because research really does 14 encompass many things and what I do on a daily 15 basis. 16 So if we're discussing benchtop research 17 or publishing specifically on the issue of talc and 18 ovarian cancer, I've not done either of those. But 19 my research experience, I think, is a broader 20 definition than perhaps what you're using. 21 BY MS. GARBER: 22 Q So in connection with the, as you say, 23 research that you've done regarding the talcum 24 powder products literature, you -- is it true that 25 you have not endeavored to publish that research?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q Doctor, haven't you testified a little 2 broader than that in the past that you have no idea 3 what causes ovarian cancer, not limiting it down to 4 a specific patient? 5 MS. CURRY: Object to the form. 6 THE WITNESS: No, I don't actually think 7 that's what my testimony was. I think my testimony 8 is that, in terms of what actually causes ovarian 9 cancer from a molecular biology standpoint, and with 10 respect to any one particular patient, we don't know 11 what causes ovarian cancer. 12 We certainly know of risk factors that 13 are associated with the disease, but in any one 14 particular patient, we can't say this is the cause. 15 BY MS. GARBER: 16 Q Doctor, do you recall when I took your 17 deposition in the Echeverria matter on May 9th, 18 2017? 19 A Yes, I do recall. 20 Q And do you recall I was asking you about 21 causes of ovarian cancer? Do you recall that? 22 A In the general sense; yes. 23 Q And, Doctor, I asked you, "So you can't 24 think of anything that you could say would cause a 25 woman's ovarian cancer?" And Doctor, you answered,</p>

<p style="text-align: right;">Page 26</p> <p>1 quote "I have no idea what causes ovarian cancer." 2 Do you dispute that testimony as you sit 3 here today? 4 MS. SHARKO: Could you just show her the 5 transcript, please? 6 MS. GARBER: I don't have a copy of it. 7 MS. CURRY: May we see your copy that you 8 were just reading from? 9 MS. GARBER: Sure. It's 5 through 17. 10 MS. CURRY: Thank you. 11 THE WITNESS: Right. So this is 12 referring to a woman's cancer, and as I just 13 testified, I don't believe that we have any idea 14 what causes a woman's cancer. The question was in a 15 specific woman and that's how I responded to you. 16 BY MS. GARBER: 17 Q Doctor, nowhere here does it say "in a 18 specific patient." The question was not, in a 19 specific patient do we ever know what causes a 20 woman's ovarian cancer. It was stated, in this most 21 broad sense, so you can't think of anything that you 22 could say would cause a woman's ovarian cancer. And 23 your answer was: I have no idea what causes ovarian 24 cancer? 25 MS. CURRY: Object to form.</p>	<p style="text-align: right;">Page 28</p> <p>1 20 percent. 2 BY MS. GARBER: 3 Q So the majority of the patients that you 4 treat have not been diagnosed with ovarian cancer -- 5 or sorry, with any form of female reproductive 6 cancer? 7 MS. CURRY: Object to the form. 8 THE WITNESS: No. 9 MS. CURRY: Misstates the testimony. 10 THE WITNESS: I think you're completely 11 misstating what I just said. You asked me -- 12 MS. GARBER: I might have misspoke. 13 BY MS. GARBER: 14 Q The majority of your patients have been 15 diagnosed with some form of female reproductive 16 cancer; is that true? 17 A With either invasive cancer or 18 pre-cancer; yes, that's correct. 19 Q How much money have you made to date from 20 defendant Johnson & Johnson testifying about their 21 talcum powder products? 22 MS. CURRY: Object to the form. 23 THE WITNESS: Prior to this MDL 24 litigation? 25 MS. GARBER: Ever.</p>
<p style="text-align: right;">Page 27</p> <p>1 THE WITNESS: No, ma'am, I disagree with 2 you. The question is "a woman." I'm answering your 3 question, which was "a woman." 4 BY MS. GARBER: 5 Q I wasn't asking you about a specific 6 woman. I was asking you about women in general, but 7 that's fine, I'll move on. 8 A But, ma'am, I disagree with you. You 9 actually said "a woman" in your question, so that is 10 an individual patient. And so I was answering you 11 for an individual patient. 12 The question was not women in general. 13 The question was a woman. 14 Q The record stands. 15 How many -- how many papers have you 16 published about the causes of ovarian cancer in the 17 last 19 years? 18 A None. 19 Q What percentage of your current patients 20 have not been diagnosed with female reproductive 21 cancer? 22 MS. CURRY: Object to the form. 23 THE WITNESS: Of any type of cancer? 24 MS. GARBER: Yes. 25 THE WITNESS: I would say maybe</p>	<p style="text-align: right;">Page 29</p> <p>1 THE WITNESS: Ever. So I have not 2 received payment for my last invoice, so to date, I 3 believe I've made around \$390,000. 4 BY MS. GARBER: 5 Q The invoice that you submitted as part of 6 my request for documents, was for 100,000 -- roughly 7 100,500; correct? 8 MS. CURRY: Object to the form. 9 THE WITNESS: It's exactly 100,500. 10 BY MS. GARBER: 11 Q That's for 134 hours of work? 12 A That's correct. 13 Q And that was spanning from December 14 of 2018 to February 2019? 15 A That's correct. 16 Q So if we add that to the previous amount 17 that you've made, that would total roughly -- well, 18 nearly half a million dollars? 19 A Nearly, it would be about \$490,000 over 20 about three and a half years that I've been working 21 in this matter, that's correct. 22 Q And since February of 2019 to today, how 23 many hours have you worked on this case? 24 A I would say maybe 15. 25 Q Have you invoiced for that time yet?</p>

<p style="text-align: right;">Page 30</p> <p>1 A No, I have not.</p> <p>2 Q So the -- we would know that the totality</p> <p>3 of the money that you've generated in connection</p> <p>4 with Johnson & Johnson talcum powder products</p> <p>5 through today by taking roughly 490,000 and adding</p> <p>6 an additional 15 hours of pay at \$750 an hour;</p> <p>7 correct?</p> <p>8 A Over the three years, that's correct.</p> <p>9 Q Have you made other money from</p> <p>10 pharmaceutical companies?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: So I have given talks on</p> <p>13 behalf of Merck and in the past Genentech, speaking</p> <p>14 on behalf of Gardasil, the HPV vaccine.</p> <p>15 Previously I spoke about Avastin, which</p> <p>16 is a drug that we use to treat ovarian and cervical</p> <p>17 cancer.</p> <p>18 BY MS. GARBER:</p> <p>19 Q How much money were you paid from</p> <p>20 pharmaceutical companies aside from Johnson &</p> <p>21 Johnson in 2018?</p> <p>22 A In 2018, I think the number was somewhere</p> <p>23 around maybe \$30,000.</p> <p>24 Q I think you were asked this in a previous</p> <p>25 deposition or testimony that I read, but you are</p>	<p style="text-align: right;">Page 32</p> <p>1 choice of drugs for their patients.</p> <p>2 BY MS. GARBER:</p> <p>3 Q Is it limited to drugs?</p> <p>4 A It is in -- in terms of payments? No, I</p> <p>5 think that even if you go and you have a meal or</p> <p>6 something, then the company reports that as the cost</p> <p>7 associated with you attending a meeting.</p> <p>8 Q So the purpose is to inform patients of</p> <p>9 any undue influence between the physician by</p> <p>10 industry that may affect your medical care and</p> <p>11 treatment of that patient; correct?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: No, I don't believe that's</p> <p>14 what I said. It's the potential. There have been</p> <p>15 some studies that have shown that if physicians are</p> <p>16 reimbursed for issuing certain drugs or certain</p> <p>17 perhaps medications for patients and they're</p> <p>18 collecting money from those companies, that it may</p> <p>19 influence their choices. But it's a potential; it's</p> <p>20 not necessarily a given, as you just stated.</p> <p>21 BY MS. GARBER:</p> <p>22 Q There is potential for undue influence on</p> <p>23 patient care; correct?</p> <p>24 MS. CURRY: Object to the form.</p> <p>25 THE WITNESS: There's potential for undue</p>
<p style="text-align: right;">Page 31</p> <p>1 familiar with the Physician Payments Sunshine Act</p> <p>2 that was passed in 2010?</p> <p>3 A Yes.</p> <p>4 Q What is your understanding of that Act?</p> <p>5 MS. CURRY: Object to form.</p> <p>6 THE WITNESS: With what context?</p> <p>7 BY MS. GARBER:</p> <p>8 Q What did the Act state or what's your</p> <p>9 understanding of it?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: My understanding of it is</p> <p>12 that when I go out and speak, as I do and as I</p> <p>13 stated on behalf of products such as Gardasil or</p> <p>14 Avastin, that the federal government is notified of</p> <p>15 those payments and those are posted for public view</p> <p>16 in the public domain.</p> <p>17 BY MS. GARBER:</p> <p>18 Q What is the reason, as you understand it,</p> <p>19 for the Physician Payments Sunshine Act?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: My understanding is that</p> <p>22 the rationale is that patients have an opportunity</p> <p>23 to go to that site to see if their physicians have</p> <p>24 been collecting monies from those companies because</p> <p>25 that may have undue influence on the physicians'</p>	<p style="text-align: right;">Page 33</p> <p>1 influence on the choices of medications that</p> <p>2 physicians may prescribe.</p> <p>3 BY MS. GARBER:</p> <p>4 Q It's limited only to undue influence on</p> <p>5 prescriptions that physicians may give, it's not</p> <p>6 limited, it's not concerned for undue influence on</p> <p>7 medical care in general, Dr. Saenz?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: So my understanding of the</p> <p>10 published peer-reviewed literature on this topic is</p> <p>11 that it's limited to physicians making choices about</p> <p>12 prescription medications.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Okay. Tell me about your understanding</p> <p>15 of the reporting attendant to the physician's</p> <p>16 payment under the act. Who does the reporting, the</p> <p>17 physician or the industry manufacturer?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: I don't really know the</p> <p>20 nuances of that. I do know that if I receive a</p> <p>21 payment from a company, that that is reported on</p> <p>22 that website. But there are inaccuracies in that</p> <p>23 reporting. There are methods for physicians to</p> <p>24 query into if they feel that the reporting has been</p> <p>25 in error.</p>

Cheryl Saenz, M.D.

<p style="text-align: right;">Page 34</p> <p>1 So I can't honestly tell you how the</p> <p>2 reporting happens. I just know that I don't do the</p> <p>3 reporting. I believe it's the pharmaceutical</p> <p>4 company, but I don't really know. I have no</p> <p>5 personal knowledge of how that happens.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Do you know if Johnson & Johnson</p> <p>8 disclosed the money that they paid you attendant to</p> <p>9 your expert work in this case?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: I don't know.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Did you go and look on the website to see</p> <p>14 if that's disclosed?</p> <p>15 A No, I have not.</p> <p>16 Q You said that you know that you've made</p> <p>17 about 30,000 in 2018. Did you see that that</p> <p>18 included any payments from Johnson & Johnson?</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: No.</p> <p>21 MS. CURRY: Misstates the testimony.</p> <p>22 THE WITNESS: I believe I told you that</p> <p>23 was payments from Genentech and Merck specifically.</p> <p>24 So I have not been on the website. I have no idea</p> <p>25 what's reported for me on the website.</p>	<p style="text-align: right;">Page 36</p> <p>1 Q Do you see under the term "general" that</p> <p>2 it indicates payments that are not associated with</p> <p>3 any research study?</p> <p>4 A Yes.</p> <p>5 Q So that is the type -- that is a type of</p> <p>6 payment; correct?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: That's what it says on the</p> <p>9 piece of paper.</p> <p>10 BY MS. GARBER:</p> <p>11 Q If we turn to the second page in, it</p> <p>12 indicates your name; correct?</p> <p>13 A Yes.</p> <p>14 Q Does that indicate your business address,</p> <p>15 3855 Health Sciences Drive?</p> <p>16 A Yes.</p> <p>17 Q That's your work address; correct?</p> <p>18 A That's one of my work addresses.</p> <p>19 Q This is for -- what's your other work</p> <p>20 address?</p> <p>21 A 9300 Campus Point Drive, 200 West Arbor</p> <p>22 Drive. There's -- UCSD has many facilities.</p> <p>23 Q Is this your primary office?</p> <p>24 A This is where my academic office is, yes.</p> <p>25 Q In connection with University of</p>
<p style="text-align: right;">Page 35</p> <p>1 BY MS. GARBER:</p> <p>2 Q You did work for Johnson & Johnson in</p> <p>3 2017; correct?</p> <p>4 A Yes.</p> <p>5 Q Did you look at the website to see what</p> <p>6 the disclosure was of your payments in 2017?</p> <p>7 A No.</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: I've not been on the</p> <p>10 website.</p> <p>11 BY MS. GARBER:</p> <p>12 Q Okay.</p> <p>13 (C. Saenz Exhibit 1 was marked for</p> <p>14 identification.)</p> <p>15 BY MS. GARBER:</p> <p>16 Q As Exhibit 1, Doctor, I will represent to</p> <p>17 you that the -- this document I obtained from the</p> <p>18 Openpaymentsdata.cms.gov website for the physician</p> <p>19 profile of Cheryl Saenz.</p> <p>20 Do you see that by turning to page two of</p> <p>21 this document?</p> <p>22 A Okay.</p> <p>23 Q Doctor, on the first page, I printed out</p> <p>24 the payment type definitions. Do you see that?</p> <p>25 A Yes.</p>	<p style="text-align: right;">Page 37</p> <p>1 California San Diego; correct?</p> <p>2 A Correct.</p> <p>3 Q So it looks like this is a disclosure of</p> <p>4 a payment from the year 2013; correct?</p> <p>5 MS. CURRY: Objection to the form.</p> <p>6 THE WITNESS: It's a listing of a general</p> <p>7 payment in the year 2013, correct.</p> <p>8 BY MS. GARBER:</p> <p>9 Q All right. If you go under about midway</p> <p>10 through the page, it says "general payments";</p> <p>11 correct?</p> <p>12 A (No audible response.)</p> <p>13 Q Right above the amount?</p> <p>14 A Yes.</p> <p>15 Q It indicates that you received general</p> <p>16 payments in the amount of 3,151.88; correct?</p> <p>17 A Correct.</p> <p>18 Q That was listed above the national mean</p> <p>19 by about \$1,500; correct?</p> <p>20 A Correct.</p> <p>21 Q If we turn to what is listed at the</p> <p>22 bottom, page one of three, it gives us the</p> <p>23 manufacturer who made that payment here: Merck,</p> <p>24 Sharp & Dohme; correct?</p> <p>25 MS. CURRY: I'm sorry.</p>

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1 THE WITNESS: I don't have page numbers.
 2 BY MS. GARBER:
 3 Q If you look at the right-hand corner?
 4 A There's no page numbers.
 5 Q Can you go one page in.
 6 A There's no page numbers.
 7 Q All right. If you turn four pages in, do
 8 you see that the manufacturer was Merck, Sharp, &
 9 Dohme who made that payment of 3,100?
 10 A Are you referring to this bar graph?
 11 Q Yes.
 12 A At the bottom?
 13 Q Yes.
 14 A Yes.
 15 Q Then if you go a couple pages further, we
 16 come to the payments you received in 2014. Do you
 17 see that?
 18 A Yes.
 19 Q There you received general payments in
 20 the amount of \$25,751.41; is that correct?
 21 A Correct.
 22 Q And there this is above the national mean
 23 for physicians by amount of 22,000-some dollars;
 24 correct?
 25 A Correct.

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1 Q The bar, so we understand the nature of
 2 this document, the bar graph at the bottom is
 3 showing the national average for physicians, and
 4 then the sliding scale there with the person showing
 5 what you made, \$25,000, which is off to the right
 6 above the national average, is that a fair
 7 understanding of what that means?
 8 A That's what the picture shows.
 9 MS. CURRY: Object to the form.
 10 THE WITNESS: I don't necessarily know
 11 what the intent of that is, but that's what the
 12 picture shows.
 13 BY MS. GARBER:
 14 Q Okay. And going a couple of pages back,
 15 we see for 2014 that you were paid by the industry
 16 manufacturers Genentech and Merck, Sharp & Dohme;
 17 correct?
 18 A Correct.
 19 Q If we go a couple more pages forward, we
 20 come to the year 2015. Are we there?
 21 A Yes.
 22 Q In 2015, you made \$47,095.28; correct?
 23 A According to this. But I want to qualify
 24 something here.
 25 Q Doctor, I didn't have a question pending.

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1 A But you asked me for my explanation --
 2 MS. CURRY: I'm sorry.
 3 THE WITNESS: -- of what these payments
 4 are --
 5 BY MS. GARBER:
 6 Q Do you understand that we're here, I'm
 7 asking you questions and you're answering them,
 8 Doctor?
 9 A I'm trying --
 10 MS. CURRY: She tried to clarify.
 11 MS. GARBER: You answered my question and
 12 there was no question pending, but go ahead.
 13 THE WITNESS: I want to clarify
 14 completely, because you had me skip past several
 15 pages that actually talk about what some of these
 16 payments are for. And some of these payments are
 17 for travel expenses to the venue. Some of these
 18 payments are for food and beverage that was consumed
 19 at these.
 20 So they're not all just payments. I just
 21 want to make sure we're clarifying exactly what
 22 these monies are. They're not all just payments.
 23 BY MS. GARBER:
 24 Q Okay, Doctor. The total that you were
 25 paid by these medical manufacturers in the year of

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1 2015 was \$47,095.28; true or false?
 2 MS. CURRY: Object to the form.
 3 THE WITNESS: So the total payments I
 4 received include reimbursements as well as payments
 5 for giving a talk. So I think it's important to be
 6 complete in what we're looking at.
 7 MS. GARBER: Fair enough.
 8 BY MS. GARBER:
 9 Q And, Doctor, if you turn a few pages more
 10 we come to 2016. Are you there?
 11 A No. Okay.
 12 Q There you were paid \$15,606.79, which is
 13 above -- again above the national mean by
 14 physicians; correct?
 15 A That's what the picture shows; yes.
 16 Q We go a couple pages back, we see that
 17 the medical manufacturers that paid you in 2016 were
 18 again Genentech and Merck Sharp; is that true?
 19 A Couple pages back or a couple pages
 20 forward?
 21 Q I'm sorry, forward.
 22 A Yes, that's correct.
 23 Q Now let's get to 2017. This document
 24 reflects that in 2017, you were paid \$31,060.06;
 25 correct?

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1 A I received payments in that amount;
2 correct.
3 Q If we go a couple pages forward, we see
4 the listing of the same medical manufacturers,
5 Genentech and Merck Sharp, who made that payment;
6 correct?
7 A Correct.
8 Q Doctor, does this reflect the money that
9 you made from Johnson & Johnson in 2017?
10 A It doesn't appear to.
11 MS. CURRY: Object to the form.
12 BY MS. GARBER:
13 Q Does it reflect the roughly 300 and some
14 thousand dollars that you earned with regard to
15 talcum powder products from Johnson & Johnson?
16 MS. CURRY: Object to the form.
17 THE WITNESS: Well, in 2017, I didn't
18 make 300,000 and something, but in 2017 in this
19 particular document that you've handed me, there
20 doesn't seem to be any notation about the monies
21 that I did make from Johnson & Johnson.
22 BY MS. GARBER:
23 Q How much money did you make from Johnson
24 & Johnson in 2017?
25 A I don't actually know the breakdown.

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1 Q What's your best estimate?
2 MS. CURRY: Object to the form.
3 THE WITNESS: I'd be guessing.
4 BY MS. GARBER:
5 Q We don't want you to guess, but your best
6 estimate?
7 A I'd be guessing. I only know --
8 Q Is it more than 100,000?
9 MS. CURRY: Object to the form.
10 THE WITNESS: I think it might be
11 slightly more than 100,000.
12 BY MS. GARBER:
13 Q Thanks. So as I went through this group
14 of documents, it looks like it adds up to over
15 \$100,000 spanning from 2013 to 2017; correct?
16 A Well, it's through 2017, so that's five
17 years, yes.
18 Q Then you told me that you thought you had
19 looked at 2018 CMCS and had seen that you had made
20 another \$30,000?
21 MS. CURRY: Object to the form, misstates
22 the testimony.
23 THE WITNESS: So that's not what I said
24 at all. I specifically told you that I've not
25 looked at the website, but that my recollection is

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1 that I earned about \$30,000 in income from Merck and
2 Genentech. But I've actually never looked at this
3 website, never seen any of these documents until you
4 showed me this today.
5 BY MS. GARBER:
6 Q Okay. I'm not showing you documents from
7 2018 because they're not on the website. Okay?
8 A Good to know.
9 Q All right. Do physicians receiving
10 substantial sums of money from the medical industry
11 have an obligation to disclose those transactions --
12 MS. CURRY: Object --
13 MS. GARBER: -- to their patients?
14 MS. CURRY: Object to the form.
15 THE WITNESS: With respect to what
16 exactly?
17 BY MS. GARBER:
18 Q Do they have an obligation to disclose to
19 their patients that they have been paid by medical
20 manufacturers in general, we'll start there?
21 MS. CURRY: Object to the form.
22 THE WITNESS: So in general, I don't
23 think there is a general obligation to make such a
24 disclosure unless the particular product or
25 medication that you were discussing with a patient

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1 is from a company that you have received monies
2 from.
3 So for example, if I'm discussing with a
4 patient whether or not she should get the Gardasil
5 vaccine, I actually do tell patients that I speak on
6 behalf of the Gardasil vaccine and that I am paid
7 for such talks.
8 BY MS. GARBER:
9 Q What is the reason that you should do
10 that?
11 A So that there's transparency. So that
12 patients know that you may actually have information
13 that could potentially bias you towards making such
14 a recommendation. But I think that patients knowing
15 that are able to make an informed consent as to
16 whether or not they want to go ahead and pursue
17 whatever is your recommendation.
18 Q Do you tell each and every patient that
19 you care for your work that you're doing for Johnson
20 & Johnson in connection with this litigation?
21 A So I don't tell each and every patient
22 because I don't think it's influential in each and
23 every patient. I only tell patients if specifically
24 they ask me questions about talc.
25 Q Have you ever written a paper on this

<p style="text-align: right;">Page 46</p> <p>1 topic, Doctor?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: What topic are we</p> <p>4 discussing now?</p> <p>5 BY MS. GARBER:</p> <p>6 Q Disclosing payments from medical</p> <p>7 manufacturers and the importance of that?</p> <p>8 A No, I have not.</p> <p>9 (C. Saenz Exhibit 2 was marked for</p> <p>10 identification.)</p> <p>11 BY MS. GARBER:</p> <p>12 Q I'll mark as Exhibit 2 a paper. It</p> <p>13 indicates original research and it's titled</p> <p>14 "Industry Payments to Obstetrician Gynecologists and</p> <p>15 Analysis of 2014 Open Payments Data."</p> <p>16 Did I read that title correctly?</p> <p>17 A Yes.</p> <p>18 Q Are you listed as an author?</p> <p>19 A As a coauthor; yes.</p> <p>20 Q So do you now believe that you have</p> <p>21 published in this area?</p> <p>22 A I don't believe this is about disclosure.</p> <p>23 This is about the payments that are being received.</p> <p>24 So the actual disclosure to patients and</p> <p>25 that as a topic is not actually what the topic of</p>	<p style="text-align: right;">Page 48</p> <p>1 and to centers for Medicare and Medicaid service.</p> <p>2 Did I read that correctly?</p> <p>3 A Yes.</p> <p>4 Q If you turn to page 377, in the left-hand</p> <p>5 column, last -- or near the top, the paragraph that</p> <p>6 begins, "the primary objective."</p> <p>7 Do you see that? It's near the top on</p> <p>8 the left-hand column?</p> <p>9 A Yes.</p> <p>10 Q It indicates as to your secondary</p> <p>11 objective, it was to "promote awareness of published</p> <p>12 payments to encourage OB-GYNs to participate in</p> <p>13 disclosure of their fiscal relationship to patients</p> <p>14 and to make an active role in maintaining accuracy</p> <p>15 of their payment data."</p> <p>16 Did I read that correctly?</p> <p>17 MS. CURRY: To take an active role.</p> <p>18 THE WITNESS: No, you transposed "take"</p> <p>19 to "make."</p> <p>20 BY MS. GARBER:</p> <p>21 Q Okay. To take an active role in</p> <p>22 maintaining accuracy of their payment date?</p> <p>23 A Correct.</p> <p>24 Q Have I read that correctly now?</p> <p>25 A Yes.</p>
<p style="text-align: right;">Page 47</p> <p>1 this paper is.</p> <p>2 Q What is the topic of this paper?</p> <p>3 A The topic of this paper is taking a look</p> <p>4 at what kind of monies physicians are earning from</p> <p>5 industry.</p> <p>6 Q Okay, well, let's go through some of</p> <p>7 this. On the first page, in the right-hand column</p> <p>8 about three quarters of way down, do you see the</p> <p>9 sentence that begins the Physician Payments Sunshine</p> <p>10 Act?</p> <p>11 A Yes.</p> <p>12 Q And that's what we were talking about</p> <p>13 earlier; correct?</p> <p>14 A Correct.</p> <p>15 Q And there it defines the physician</p> <p>16 sunshine Act that was passed in 2014; correct?</p> <p>17 A Correct.</p> <p>18 Q It says --</p> <p>19 A Actually, it's 2010.</p> <p>20 Q I'm sorry, I misspoke. In 2010. It</p> <p>21 indicates that the Physician Payments Sunshine Act</p> <p>22 was passed in 2010 as part of the Affordable Care</p> <p>23 Act and it mandates that medical manufacturers</p> <p>24 report financial relationships in the form of</p> <p>25 payments made to physicians and teaching hospitals,</p>	<p style="text-align: right;">Page 49</p> <p>1 Q If you turn to page 381; okay?</p> <p>2 Under the discussion section, do you see</p> <p>3 is the sentence beginning "according to the</p> <p>4 recommendations"?</p> <p>5 A No.</p> <p>6 Q It's about three quarters of the way</p> <p>7 down?</p> <p>8 A Okay.</p> <p>9 Q It reads, "according to the</p> <p>10 recommendations by the college's ethics committee,</p> <p>11 physicians receiving substantial sums of money from</p> <p>12 the medical industry have a particular obligation to</p> <p>13 their patients to disclose these transactions, and</p> <p>14 to discuss their effects on clinical decision</p> <p>15 making."</p> <p>16 Did I read that correctly?</p> <p>17 A Yes.</p> <p>18 Q That's the obligation under the ethics;</p> <p>19 correct?</p> <p>20 A Right.</p> <p>21 Q If we go over to the right-hand side,</p> <p>22 about halfway down on page 381, do you see the</p> <p>23 sentence which begins "a large part"?</p> <p>24 A Yes.</p> <p>25 Q "A large part of this uncertainty is the</p>

<p style="text-align: right;">Page 50</p> <p>1 result of the complexities involved in defining and 2 identifying when clinical integrity is compromised 3 by physical relationships with industry." 4 Did I read that correctly? 5 A No, you did not. 6 Q Fiscal. Sorry. I said physical, didn't 7 I. Fiscal relationships with industry. 8 Did I read that correctly? 9 A Yes. 10 Q Then it goes on to say, "perhaps the 11 final important conclusion to be made from this work 12 is that physicians have an opportunity to play 13 crucial roles in promoting transparency and managing 14 conflicts of interest. By discussing industry 15 payments with patients and in maintaining accuracy 16 of posted information, doctors can help maximize the 17 beneficial effects of disclosure and avoid 18 inappropriate influence." 19 Did I read that correctly? 20 A Yes. 21 Q Do you agree with that? 22 A Completely. 23 Q You wrote that, didn't you? 24 A Along with the other authors in this 25 paper.</p>	<p style="text-align: right;">Page 52</p> <p>1 those payments are posted. 2 A Where are you reading from again? 3 Q (No audible response.) 4 A Ma'am, where are you reading from? 5 Q I'm looking for it. Hold on, please. 6 On the right-hand column on 381, it says, 7 "by discussing industry payments with patients and 8 in maintaining accuracy of the posted information, 9 doctors can help maximize the benefits"? 10 A Right. And I do discuss payments with my 11 patients for anything that comes up that actually 12 has to do with the agents involved in the reason 13 that I receive those payments. 14 Q Doctor, are you making \$1,200 here today 15 from Johnson & Johnson in connection with your 16 deposition? 17 A No. 18 Q How much are you making an hour? 19 A 1,200 an hour. 20 Q Does UCSD know that you're doing expert 21 work on behalf of Johnson & Johnson? 22 A Yes. 23 Q In connection -- I'm sorry. In 24 connection with the talcum powder product 25 litigation?</p>
<p style="text-align: right;">Page 51</p> <p>1 Q Finally, at the end of this paper, it 2 reads, "ongoing involvement from both physicians and 3 medical industry will ensure reliable data are made 4 available to the public." 5 Did I read that correctly? 6 A Yes. 7 Q So both parties have an obligation, the 8 physician and the manufacturer, to be sure that 9 there is disclosure of the payments so that patients 10 are informed as to whether or not their physician 11 has a potential conflict of interest; true? 12 MS. CURRY: Object to the form. 13 THE WITNESS: Both parties don't have an 14 obligation to post information on the website. 15 MS. GARBER: I didn't say that, Doctor. 16 THE WITNESS: Ma'am, you said both 17 parties have an obligation, and the obligation of 18 the pharmaceutical company is to post the 19 information to the website. 20 My obligation is to disclose when I have 21 a potential conflict of interest to my patients, and 22 I do that. 23 BY MS. GARBER: 24 Q And, Doctor, in this paper, you wrote, 25 that both parties have an obligation to be sure that</p>	<p style="text-align: right;">Page 53</p> <p>1 A Yes, they do. 2 Q Are you aware that the United States 3 Senate is investigating whether or not Johnson & 4 Johnson lied about asbestos being in the products? 5 MS. CURRY: Object to the form. 6 THE WITNESS: So I'm aware that -- 7 basically through the nightly news that there's an 8 investigation as to whether or not there actually 9 was some knowledge as to whether or not asbestos was 10 in the baby powder litigation, but other than that, 11 other than what's reported on the nightly news, I'm 12 not aware of what specific agency is investigating, 13 no. 14 BY MS. GARBER: 15 Q Have you seen any written media coverage. 16 You said the nightly news. Have you seen any 17 newspaper articles? 18 A No. 19 MS. SHARKO: Is this the one where your 20 expert testified? 21 BY MS. GARBER: 22 Q Your report in this case indicates that 23 you served as chair of the Moores UCSD cancer 24 center; is that correct? 25 A No.</p>

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<p>1 Q You --</p> <p>2 A That's not correct.</p> <p>3 Q I thought I read that -- what is your</p> <p>4 connection with the Moores UCSD cancer center? What</p> <p>5 is your involvement?</p> <p>6 A I'm a faculty physician there.</p> <p>7 Q You haven't been chair of the department?</p> <p>8 A No, and I didn't put that in my report.</p> <p>9 That's inaccurate.</p> <p>10 Q When were you first retained by Johnson &</p> <p>11 Johnson in connection with this litigation? What</p> <p>12 was the very first date as you remember it?</p> <p>13 MS. CURRY: Object to the form. Just to</p> <p>14 clarify for the record, do you mean any talcum</p> <p>15 powder product litigation or the MDL?</p> <p>16 MS. GARBER: No, any talc powder</p> <p>17 litigation.</p> <p>18 THE WITNESS: Any talcum powder</p> <p>19 litigation? November of 2016.</p> <p>20 BY MS. GARBER:</p> <p>21 Q How was it that you were retained in this</p> <p>22 matter?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: I was -- I have a vague</p> <p>25 recollection of receiving a phone call and asking if</p>	<p>1 Lee is a partner with my law firm.</p> <p>2 BY MS. GARBER:</p> <p>3 Q So when you were first retained, you</p> <p>4 indicated that you had already reviewed some</p> <p>5 literature -- you had already been aware of some</p> <p>6 literature with regard to perineal talc and risk of</p> <p>7 ovarian cancer; is that true?</p> <p>8 A Correct.</p> <p>9 Q What literature was that?</p> <p>10 A I don't recall specifically, but it</p> <p>11 wasn't the first time that I had heard about the</p> <p>12 issue of a possible association between the use of</p> <p>13 perineal talc and the development of ovarian cancer.</p> <p>14 Q Were you consequently sent some</p> <p>15 literature?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: I was sent a flash drive</p> <p>18 with some articles on it.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Did you conduct your own research?</p> <p>21 A At what point?</p> <p>22 Q At that point. When you were retained,</p> <p>23 did you conduct your own research for medical</p> <p>24 articles or did you rely on the lawyers to give you</p> <p>25 that literature?</p>
Page 55	Page 57
<p>1 I knew of the purported risks of developing ovarian</p> <p>2 cancer associated with the uses of perineal talc and</p> <p>3 whether or not I would be interested in reviewing</p> <p>4 more of the literature than I had already reviewed</p> <p>5 and giving opinions on that particular topic.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Who approached you first?</p> <p>8 A I think I received a phone call from a</p> <p>9 gentleman named Brian Lee.</p> <p>10 Q Did you know Mr. Lee prior to that phone</p> <p>11 call?</p> <p>12 A No.</p> <p>13 Q Did he offer any opinions about perineal</p> <p>14 talc and risk of ovarian cancer?</p> <p>15 MS. CURRY: I'm sorry, I'm going to</p> <p>16 instruct you not to disclose any communications with</p> <p>17 counsel.</p> <p>18 BY MS. GARBER:</p> <p>19 Q Did you understand Mr. Lee to be a</p> <p>20 lawyer?</p> <p>21 A I don't honestly recall that I knew that.</p> <p>22 I knew that he was from a law firm, but I don't know</p> <p>23 if he was a paralegal or a legal. But I knew he was</p> <p>24 in a law firm.</p> <p>25 MS. CURRY: I can stipulate that Brian</p>	<p>1 A Oh. I mean, over the time course of</p> <p>2 researching the issue, I conducted my own research</p> <p>3 as well.</p> <p>4 Q Do you still have that flash drive?</p> <p>5 A I don't think so.</p> <p>6 Q By the way, do you have a file in this</p> <p>7 case?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: What do you mean by a</p> <p>10 "file"?</p> <p>11 BY MS. GARBER:</p> <p>12 Q What's your understanding of the word</p> <p>13 "file"?</p> <p>14 A Like a shadow file?</p> <p>15 Q Do you have any kind of file in</p> <p>16 connection with your work in this case?</p> <p>17 A No. I have my report and I have the</p> <p>18 articles that I've used to read about the issues.</p> <p>19 Q Where are those articles?</p> <p>20 A On my computer.</p> <p>21 Q You don't have any printed articles?</p> <p>22 A No.</p> <p>23 Q Not one?</p> <p>24 A Not one.</p> <p>25 Q In connection with writing your expert</p>

<p style="text-align: right;">Page 58</p> <p>1 report in this case, did you make any notes?</p> <p>2 A So as I was reading plaintiffs' reports</p> <p>3 and depositions, I would make notes on the computer</p> <p>4 for statements of the experts that I would want to</p> <p>5 make comments on in order to incorporate it into my</p> <p>6 report. But it was basically my report outline of</p> <p>7 things that I wanted to incorporate, but that is my</p> <p>8 report.</p> <p>9 Q Did you produce those notes that you made</p> <p>10 when you were reviewing expert reports and the like?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: No, it's the draft of my</p> <p>13 report. So it is my report. So I mean, I have</p> <p>14 produced it, but that's my report.</p> <p>15 BY MS. GARBER:</p> <p>16 Q So when you were making notes about a</p> <p>17 given deposition, you were making a note of that on</p> <p>18 your computer and now it's your testimony that</p> <p>19 became your expert report?</p> <p>20 A Right. I make a note, I'd say for</p> <p>21 example, oh, there's something on page nine of this</p> <p>22 person's thing, and put it in there. And then</p> <p>23 when -- I'd skip some pages, write some more, come</p> <p>24 back to that. So that it was there in the report as</p> <p>25 I was drafting the report.</p>	<p style="text-align: right;">Page 60</p> <p>1 could make sure that I could read it and capture the</p> <p>2 essence of what it was that I was trying to point</p> <p>3 out.</p> <p>4 Sometimes if it was just numbers, I'd</p> <p>5 have the report open, and then I'd have the article</p> <p>6 open at the same time and I'd be reading it as I</p> <p>7 would type my report.</p> <p>8 Q Okay. You understand that Johnson &</p> <p>9 Johnson is the manufacturer of baby powder products</p> <p>10 and formerly Shower to Shower talcum powder product;</p> <p>11 correct?</p> <p>12 A That's my understanding.</p> <p>13 Q You're aware that women use defendant's</p> <p>14 talcum powder products for feminine hygiene?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: I mean, I don't know that I</p> <p>17 would say feminine hygiene. I would say I know that</p> <p>18 they do put on it their perineum or on their bodies,</p> <p>19 on their groins, in different parts. So yes.</p> <p>20 BY MS. GARBER:</p> <p>21 Q What's your understanding of why women</p> <p>22 put talcum powder product on their genitals?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: I think it's variable.</p> <p>25 ///</p>
<p style="text-align: right;">Page 59</p> <p>1 Q Did you write every word of your expert</p> <p>2 report, and when I say "expert report," I'm meaning</p> <p>3 the MDL report dated February 25th, 2019.</p> <p>4 A Did I write every word? Absolutely.</p> <p>5 Q Do you have any drafts or copies or</p> <p>6 notes?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: Of?</p> <p>9 BY MS. GARBER:</p> <p>10 Q Of your report.</p> <p>11 A No. I mean, it was an evolving process</p> <p>12 that just kept getting morphed every time I would</p> <p>13 add to it.</p> <p>14 Q You said you reviewed the literature</p> <p>15 online. Did you make any highlights electronically</p> <p>16 of that literature?</p> <p>17 A No.</p> <p>18 Q Or notes?</p> <p>19 A No.</p> <p>20 Q How was it that you tracked what you</p> <p>21 wanted to recall or remember or note about a given</p> <p>22 piece of literature?</p> <p>23 A So I'd go to the article itself, I'd</p> <p>24 highlight it, and you can snapshot that paragraph or</p> <p>25 whatever and then put it into my report so that I</p>	<p style="text-align: right;">Page 61</p> <p>1 BY MS. GARBER:</p> <p>2 Q What's your understanding of some of the</p> <p>3 reasons?</p> <p>4 A I think some women do it because they</p> <p>5 like the softness. I think some women do it because</p> <p>6 they like the fragrance. I think some women do it</p> <p>7 because they are sweaters and they want to try to</p> <p>8 stay dry. I think there are various uses.</p> <p>9 Q Do you have any first-hand information</p> <p>10 about the manner in which women use it, the manner</p> <p>11 in which they apply it, the amount, the nature of</p> <p>12 how it's applied?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: I don't really know what</p> <p>15 you mean.</p> <p>16 MS. GARBER: Sure.</p> <p>17 BY MS. GARBER:</p> <p>18 Q You don't -- you don't have any firsthand</p> <p>19 information about the way in which women applied it;</p> <p>20 in other words, did they shake it on their hands,</p> <p>21 did they shake it directly on their genitals, did</p> <p>22 they apply it to toilet paper and then apply it.</p> <p>23 In other words, you don't have any of</p> <p>24 these details, do you?</p> <p>25 MS. CURRY: Object to the form.</p>

<p style="text-align: right;">Page 62</p> <p>1 THE WITNESS: Firsthand?</p> <p>2 MS. GARBER: Yes.</p> <p>3 THE WITNESS: I disagree.</p> <p>4 BY MS. GARBER:</p> <p>5 Q You do?</p> <p>6 A Uh-huh.</p> <p>7 Q What's your firsthand knowledge?</p> <p>8 A I've used it.</p> <p>9 Q Okay. Besides yourself.</p> <p>10 A But that is firsthand knowledge.</p> <p>11 Q All right. You don't have any firsthand</p> <p>12 knowledge of how other women use it, do you?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: I have not personally</p> <p>15 watched another woman apply baby powder to herself,</p> <p>16 that is correct.</p> <p>17 BY MS. GARBER:</p> <p>18 Q And the literature, the epidemiological</p> <p>19 literature does not describe the way in which it was</p> <p>20 applied, and in that regard, I mean was it applied</p> <p>21 to the hand, was it applied to tissue, doesn't give</p> <p>22 that kind of detail, how much was applied at any</p> <p>23 given time?</p> <p>24 MS. CURRY: Object to the form.</p> <p>25 THE WITNESS: So I've not read anything</p>	<p style="text-align: right;">Page 64</p> <p>1 published in, say, 2000, 2010, knowing that on</p> <p>2 average women used baby powder for at least 20 years</p> <p>3 when they were users, that if somebody was diagnosed</p> <p>4 with ovarian cancer in 2000, that most likely she</p> <p>5 would have used it in the 70s or 80s.</p> <p>6 So I do believe that that's the case.</p> <p>7 BY MS. GARBER:</p> <p>8 Q So the point is women were exposed to</p> <p>9 Johnson & Johnson baby powder products in the 50s,</p> <p>10 60s, and 70s and have ovarian cancer; correct?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: I do believe that there</p> <p>13 were some women that probably used it then and then</p> <p>14 had ovarian cancer in later years; yes.</p> <p>15 BY MS. GARBER:</p> <p>16 Q Let's talk about talcum powder product.</p> <p>17 You understand that Johnson & Johnson's baby powder</p> <p>18 and Shower to Shower are talcum powder products;</p> <p>19 correct?</p> <p>20 A I believe that one of the constituents of</p> <p>21 each of those products is talcum powder; correct.</p> <p>22 Q And in your report, when you use the word</p> <p>23 "talc," what do you mean?</p> <p>24 A Baby powder products.</p> <p>25 Q And do you make an assumption that within</p>
<p style="text-align: right;">Page 63</p> <p>1 that talks about how many shakes, but there are</p> <p>2 certainly studies that talk about women applying it</p> <p>3 to diaphragms or women applying it to their perineum</p> <p>4 or women applying it to their sanitary napkins.</p> <p>5 I do believe that many of the studies</p> <p>6 have looked at and asked those questions. But in</p> <p>7 terms of an in-depth analysis of what constitutes a</p> <p>8 dose per se and how many shakes, no, I'm not aware</p> <p>9 of that.</p> <p>10 BY MS. GARBER:</p> <p>11 Q Are you aware of data that indicates</p> <p>12 there are women -- there are women now with ovarian</p> <p>13 cancer who used talc on their genitals in the 1950s,</p> <p>14 60s, and early 70s?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: Can you say that again?</p> <p>17 BY MS. GARBER:</p> <p>18 Q Sure. Are you aware of data that</p> <p>19 indicates there are women now with ovarian cancer</p> <p>20 that used genital talc in the 1950s, 60s, and early</p> <p>21 70s?</p> <p>22 MS. CURRY: Same objection.</p> <p>23 THE WITNESS: So I'd have to kind of do</p> <p>24 like a retrospective time point. I do believe that</p> <p>25 if we look at some of the studies that were</p>	<p style="text-align: right;">Page 65</p> <p>1 Johnson & Johnson's talcum powder products there is</p> <p>2 no asbestos?</p> <p>3 A I don't believe that what's the</p> <p>4 constituents of the baby powder actually matters to</p> <p>5 my opinion. My opinion is the same regardless,</p> <p>6 because I do believe that if there is a risk of</p> <p>7 developing ovarian cancer with the use of talc,</p> <p>8 regardless of what's in that -- in that product,</p> <p>9 there would be an increased risk of developing</p> <p>10 ovarian cancer, borne out in the literature.</p> <p>11 Q Doctor, my question was a little</p> <p>12 different. Do you make assumptions about the</p> <p>13 constituents of Johnson & Johnson talcum powder</p> <p>14 products when you render your opinions in your</p> <p>15 expert report?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: No, I don't make any</p> <p>18 assumptions.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Is it your opinion that Johnson & Johnson</p> <p>21 baby powder products do not contain talc -- sorry,</p> <p>22 do not contain asbestos?</p> <p>23 A So I'm going to defer to the experts that</p> <p>24 are mineralogists or geologists to make that</p> <p>25 analysis. My opinion is that baby powder products</p>

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1 do not increase the risk of developing ovarian
 2 cancer, regardless of what the constituent products
 3 are in that product.
 4 MS. CURRY: We've been going for an hour.
 5 So when it's a good time to break, we'd like to take
 6 one.
 7 MS. GARBER: Sure. Just want to follow
 8 up.
 9 BY MS. GARBER:
 10 Q So as to the constituents of the talcum
 11 powder products, and what was or wasn't constituting
 12 the constituents, you are going to defer to experts
 13 in other areas; is that true?
 14 MS. CURRY: Object to the form.
 15 THE WITNESS: With respect to the
 16 chemical composition of the product; yes. But not
 17 with respect to the opinion that baby powder is not
 18 associated with an increased risk of developing
 19 ovarian cancer.
 20 BY MS. GARBER:
 21 Q I understand that.
 22 And the same question with regard to the
 23 presence of heavy metals, are you going to defer to
 24 others as to whether or not Johnson & Johnson's
 25 talcum powder products contained heavy metals?

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1 A Yes.
 2 Q Same question with regard to fragrances,
 3 are you going to defer to others with regard to
 4 whether Johnson & Johnson's talcum powder products
 5 contained fragrances that may have been toxic or
 6 carcinogens?
 7 MS. CURRY: Object to the form.
 8 THE WITNESS: So I'm not going to defer
 9 that the product itself is associated with an
 10 increased risk of developing ovarian cancer, meaning
 11 the baby powder. But if there are constituent
 12 fragrances in that product, I'm going to defer to
 13 somebody whose analysis of the chemical composition
 14 of that product is their field of expertise.
 15 BY MS. GARBER:
 16 Q So you know in looking at the label,
 17 there's fragrance in the bottle; right?
 18 A Well, it smells good, yeah.
 19 Q It says that. And so what those
 20 fragrances constitute and whether or not they are
 21 toxic or carcinogenic, you're going to defer to
 22 experts in that regard; is that true?
 23 A No, that's not true. Because if those
 24 fragrances were toxic or carcinogenic, then the
 25 literature that is evaluating whether or not baby

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1 powder is associated with developing ovarian cancer
 2 would be borne out as showing a risk between
 3 developing ovarian cancer in the use of the product.
 4 What those individual constituents are,
 5 I'm going to defer that analysis. But the opinion
 6 that the baby powder as it stands with the
 7 fragrances, with whatever else is in it, does not --
 8 is not associated with an increased risk of
 9 developing ovarian cancer. I stand by that as my
 10 opinion.
 11 Q And the last question and then we'll
 12 break. Same with regard to fibrous talc, are you
 13 going to defer to experts as to whether or not
 14 Johnson & Johnson's talcum powder products contained
 15 fibrous talc?
 16 MS. CURRY: Object to the form.
 17 THE WITNESS: Yes.
 18 MS. GARBER: Thanks. Let's take a break.
 19 THE VIDEOGRAPHER: The time is now 10:32.
 20 Going off the record.
 21 (Break in the deposition taken at 10:33 a.m.)
 22 0o0
 23 (The deposition resumed at 10:48 a.m.)
 24 0o0
 25 THE VIDEOGRAPHER: Time is now 10:47.

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1 Back on the record.
 2 BY MS. GARBER:
 3 Q Doctor, are you aware that Johnson &
 4 Johnson enjoys about a 70 percent market share of
 5 talcum powder products?
 6 MS. CURRY: Object to the form.
 7 THE WITNESS: I don't have any knowledge
 8 of what their market share is.
 9 BY MS. GARBER:
 10 Q Do you know -- you understand what a risk
 11 benefit assessment is in the context of medicine;
 12 right?
 13 A In the context of medicine?
 14 Q Uh-huh.
 15 A I've done risk benefit analyses, sure.
 16 Q You're aware that there's no health
 17 benefits for women to use defendant's talcum powder
 18 products on their genitals, aren't you?
 19 MS. CURRY: Object to the form.
 20 THE WITNESS: I don't agree with that.
 21 BY MS. GARBER:
 22 Q You think there's medical benefits?
 23 A I do.
 24 Q Okay. You've seen literature that --
 25 peer-reviewed published literature that indicates

<p style="text-align: right;">Page 70</p> <p>1 there's no medical benefits, haven't you?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: No, I have not.</p> <p>4 BY MS. GARBER:</p> <p>5 Q What were the medical benefits?</p> <p>6 A So there are some women that sweat a lot,</p> <p>7 and because they sweat, they can get candidal</p> <p>8 infections. And so some women like to apply baby</p> <p>9 powder products to their genital area to decrease</p> <p>10 the sweat so that they don't get candidal infection.</p> <p>11 Q If there's a medical benefit, then talcum</p> <p>12 powder is a medicine; right?</p> <p>13 A No. Patients use talcum powder in order</p> <p>14 to decrease the amount that they're sweating and</p> <p>15 that can result in them getting fewer candidal</p> <p>16 infections. It doesn't mean that it's a medicine.</p> <p>17 Q You understand that if there's medical</p> <p>18 benefits and patients are using it for medical</p> <p>19 purposes, then talcum powder isn't a cosmetic, but</p> <p>20 rather a medicine by way of regulatory oversight?</p> <p>21 Do you understand that?</p> <p>22 MS. CURRY: Object to the form.</p> <p>23 THE WITNESS: No. I don't agree with</p> <p>24 that. What you asked me is if patients use it for</p> <p>25 any sort of medical benefit. It's not dispensed as</p>	<p style="text-align: right;">Page 72</p> <p>1 particular agent, it would be the time from the</p> <p>2 exposure to the development of the disease.</p> <p>3 Q So in the context of the talcum powder</p> <p>4 product litigation, from the exposure to Johnson &</p> <p>5 Johnson's talcum powder products to the diagnosis of</p> <p>6 ovarian cancer?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: Well, I didn't say the</p> <p>9 diagnosis. I said the development of the disease.</p> <p>10 BY MS. GARBER:</p> <p>11 Q So when you say development, what do you</p> <p>12 mean? How do we know when the disease developed in</p> <p>13 the context of ovarian cancer?</p> <p>14 A So we don't necessarily know when it</p> <p>15 starts. We do know that ovarian cancer goes through</p> <p>16 various stages and you can diagnose it at various</p> <p>17 stages. Sometimes we catch it at stage 1, sometimes</p> <p>18 we catch it at stage 4.</p> <p>19 But in the general context of what a</p> <p>20 latency period is, it's from the time of exposure to</p> <p>21 the development of the disease.</p> <p>22 Q In the context of cohort studies, it's</p> <p>23 from -- the latency period is from the point of</p> <p>24 exposure to the point of diagnosis of the disease,</p> <p>25 isn't it?</p>
<p style="text-align: right;">Page 71</p> <p>1 a medicine. It's not prescribed as a medicine. But</p> <p>2 women do use it in order to absorb whatever sweat</p> <p>3 they may have so that they don't get candidal</p> <p>4 infections or they don't have discomfort in the</p> <p>5 genital area from their sweat.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Have you ever prescribed talcum powder</p> <p>8 products to your patients for medical benefit?</p> <p>9 A I've prescribed Nystatin powder, which</p> <p>10 does contain talc, to my patients, which does have a</p> <p>11 medical benefit of treating candidal infections.</p> <p>12 Q That is a medication; correct?</p> <p>13 A That's a medication.</p> <p>14 Q Talcum powder products are not?</p> <p>15 A So Nystatin powder does contain talc, so</p> <p>16 that is a talcum powder product.</p> <p>17 Q Nystatin powder is a medicine?</p> <p>18 A Nystatin powder is a medicine.</p> <p>19 Q Johnson & Johnson baby powder products</p> <p>20 are not a medicine?</p> <p>21 A That's correct.</p> <p>22 Q What is your definition of the phrase</p> <p>23 "latency period" in the context of ovarian cancer?</p> <p>24 A Latency period would be the time from --</p> <p>25 when we're talking about perhaps exposures to any</p>	<p style="text-align: right;">Page 73</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: So in the cohort studies;</p> <p>3 yes, I think that's probably accurate.</p> <p>4 BY MS. GARBER:</p> <p>5 Q There are peer-reviewed published studies</p> <p>6 showing that ovarian cancer has a long latency</p> <p>7 period, reporting to be as long as 30 to 40 years,</p> <p>8 aren't there?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: There are some that show</p> <p>11 that. There are some that show other data.</p> <p>12 BY MS. GARBER:</p> <p>13 Q What is your opinion as to the latency</p> <p>14 period for ovarian cancer?</p> <p>15 A So I think the literature has shown some</p> <p>16 periods of 20 to 40 years. Since I don't really</p> <p>17 know what causes ovarian cancer and therefore I</p> <p>18 don't really know what is the incipient underlying</p> <p>19 events that have the cancer develop, I don't really</p> <p>20 have a specific sense other than to say I think it</p> <p>21 probably is reasonable that it's somewhere in</p> <p>22 between 20 to 40 years.</p> <p>23 Q And that's a range; correct?</p> <p>24 A That's correct.</p> <p>25 Q Do you agree with the statement, if</p>

<p style="text-align: right;">Page 74</p> <p>1 talcum powder is a potential carcinogen for ovarian 2 cancer, it is likely that there is a long latency 3 period between exposure and development of the 4 disease? 5 MS. CURRY: Object to the form. 6 THE WITNESS: As a general statement, I 7 don't know what that word "long" necessarily means, 8 but I think as a general statement I would agree 9 with that statement. 10 BY MS. GARBER: 11 Q Is it true that for asbestos the latency 12 period is at least 25 years, according to 13 peer-reviewed published studies? 14 MS. CURRY: Object to the form. 15 THE WITNESS: So I think in the IARC 16 monograph that looked at heavy occupational exposure 17 of patients to -- I should say subjects -- of 18 subjects to asbestos, there was one study that 19 tracked when the subjects were exposed to the 20 asbestos and then looked at how many years later 21 they were diagnosed with ovarian cancer, and I do 22 believe that range was somewhere between 20 to 23 25 years. 24 However, I think there are a lot of 25 problems with the asbestos studies in general.</p>	<p style="text-align: right;">Page 76</p> <p>1 association. 2 Q We will turn to that shortly. But 3 thank you for that. 4 Do you have an opinion, then, as to the 5 latency period for asbestos, and ovarian cancer? 6 A So again, I don't necessarily agree with 7 IARC's conclusions about developing ovarian cancer 8 with asbestos exposure, but as documented in the 9 articles that IARC cites, the latency period 10 reported is 20 to 25 years. 11 Q And you mentioned the Camargo paper, you 12 read that one? 13 A Yes. 14 Q It's on your reference list? 15 A Yes. 16 Q And didn't that study show a 17 statistically -- showed a statistically significant 18 association after 25 years of follow up? 19 MS. CURRY: Object to the form. If you 20 need to see the article, I have a copy. 21 THE WITNESS: Sure. I'd be happy to take 22 a look at it. 23 MS. GARBER: Okay. Well, so first thing 24 we're going to do is we're going to make sure we 25 don't have speaking objections, Ms. Curry. And I'm</p>
<p style="text-align: right;">Page 75</p> <p>1 BY MS. GARBER: 2 Q Did you do a comprehensive literature 3 review of asbestos and ovarian cancer? 4 MS. CURRY: Object to the form. 5 THE WITNESS: I read the studies that are 6 listed in the IARC Monograph. 7 BY MS. GARBER: 8 Q You read each and every one of those 9 studies that's listed in the IARC Monograph? 10 A Yes, as pertains to asbestos and ovarian 11 cancer. 12 Q And which monograph are you speaking of? 13 A The 2012. 14 Q And how many studies was that, by your 15 recollection? 16 A So IARC drew their conclusions on the 17 basis of five studies that looked at heavy 18 occupational exposure and the risk of developing 19 ovarian cancer. There have been other studies after 20 that as well that I have read, including Reed, 21 including Camargo, and looked at the risk of 22 developing ovarian cancer and asbestos exposure in 23 the heavy occupational setting. 24 There also were other studies that looked 25 at environmental exposure and did not find any such</p>	<p style="text-align: right;">Page 77</p> <p>1 not going to pull out that article right now. We'll 2 get to that when I want to get to that. 3 BY MS. GARBER: 4 Q You've been designated as an expert 5 witness by Johnson & Johnson in the talcum powder 6 product litigation in the MDL; right? 7 A Yes. 8 Q You understand that we are here to take 9 your deposition, to get all of your opinions and the 10 bases for those opinions so we can prepare for 11 briefing, hearing, and trial. 12 Do you understand that? 13 A Yes. 14 Q Did you see the Notice of Deposition that 15 was served with regard to your deposition? 16 A Yes. 17 Q When did you see that? 18 A I believe last week sometime. 19 Q Have you -- did you understand that in 20 the Notice of Deposition there was a request for 21 documents for you to bring to today's deposition, or 22 actually to provide five days before today's 23 deposition? Did you notice that? 24 A I read the deposition notice and I know 25 that there were a number of requests, and I believe</p>

<p style="text-align: right;">Page 78</p> <p>1 that -- I don't have any documents to provide you 2 with. I think my CV was already provided. 3 MS. CURRY: Just for the record, the 4 Notice of Deposition was actually received by 5 Johnson & Johnson just six business days ago and the 6 responses are subject to the objections that were 7 filed on behalf of Johnson & Johnson. 8 (C. Saenz Exhibit 3 was marked for 9 identification.) 10 MS. GARBER: I'm going to mark as 11 Exhibit 3 the Notice of Deposition. 12 THE WITNESS: Thank you. 13 BY MS. GARBER: 14 Q Turning, Dr. Saenz, to page five of the 15 notice. Those are the documents that we asked you 16 to produce that you have reviewed this list. 17 A Okay. 18 Q Have you? 19 A Yes. 20 Q In connection with the request number 21 two, item B, have you produced all of the invoices 22 for the expert work that you've done so far? 23 MS. CURRY: Subject to the objections 24 that were produced on behalf -- 25 MS. GARBER: I'll give you an ongoing</p>	<p style="text-align: right;">Page 80</p> <p>1 issue of subject to the objections, because the 2 objections made clear that the documents that were 3 produced were with respect to the MDL talcum powder 4 litigation and not all talcum powder litigation. 5 So I was just making that clarification 6 so that you know which documents were actually 7 produced and why. 8 BY MS. GARBER: 9 Q Dr. Saenz, do you have any communications 10 in connection with any of the study authors 11 concerning talc or talcum powder products in ovarian 12 cancer? 13 A With what studies? 14 Q Any of the published studies. Have you 15 communicated with any of the study authors? 16 A Oh. So I don't know that I can answer 17 that specifically, because I don't know if over the 18 course of my career I've ever communicated with 19 anybody that's ever been listed. I mean, I 20 certainly know some of them professionally, so at 21 some point, I would have communicated with them. 22 Q Since you've been an expert in the MDL, 23 have you communicated with any study authors? 24 A I'm sure I have. Again, because the 25 world of OB-GYN oncology is a rather small world and</p>
<p style="text-align: right;">Page 79</p> <p>1 objection. 2 MS. CURRY: Thank you. 3 THE WITNESS: Yes. 4 BY MS. GARBER: 5 Q Have you produced all invoices and 6 payments in connection with your talcum powder 7 products work in general? 8 A We're -- 9 MS. CURRY: Object to the form. 10 THE WITNESS: With my -- everything that 11 I've invoiced has been produced. 12 BY MS. GARBER: 13 Q Including from other litigations? 14 MS. SHARKO: You need to look at the 15 objections we served. This isn't fair to just look 16 at the note. We responded -- although it came very 17 late, we responded yesterday. 18 MS. GARBER: Ms. Sharko, with all due 19 respect, I think we're having one attorney at a time 20 represent the witness. I'm sure Ms. Curry is very 21 capable of objecting. 22 MS. SHARKO: I wish you had been at all 23 the other depositions where three of you all were 24 talking, but I understand your point. 25 MS. CURRY: This is why I was raising the</p>	<p style="text-align: right;">Page 81</p> <p>1 so some of the people on some of the studies are in 2 the same professional organizations that I'm in. 3 So I'm sure I've had professional 4 communications. 5 Q Have you had professional communications 6 with any of the study authors in connection with 7 talcum powder products? 8 A Oh. No. 9 Q Thank you. Have you had any 10 communications with the Society of Gynecologic 11 Oncology in connection with talcum powder products 12 since you've been retained as an expert witness in 13 any talcum powder product litigation? 14 A Specifically with regard to this issue? 15 Q Yes. 16 A No. 17 Q Same question as to have you had any 18 communications with regard to talcum powder 19 litigation with the American Congress of Obstetrics 20 and Gynecology? 21 A With respect to this particular issue, 22 no. 23 Q And when you say with respect to this 24 particular issue, what do you mean so I know? 25 A With respect to talcum powder litigation,</p>

<p style="text-align: right;">Page 82</p> <p>1 no.</p> <p>2 Q Talcum powder products and the risk of</p> <p>3 ovarian cancer?</p> <p>4 A Correct.</p> <p>5 Q Thank you. Turning to the objections</p> <p>6 that were issued in this matter and the documents</p> <p>7 that are attached, I want to review those briefly</p> <p>8 with you; okay. Do you have a copy?</p> <p>9 A No, I don't.</p> <p>10 THE WITNESS: Thank you so much.</p> <p>11 MS. GARBER: We'll mark that as</p> <p>12 Exhibit 4.</p> <p>13 (C. Saenz Exhibit 4 was marked for</p> <p>14 identification.)</p> <p>15 BY MS. GARBER:</p> <p>16 Q And the first document looks to be on the</p> <p>17 UCSD Moores Cancer Center letterhead signed by you?</p> <p>18 A I'm sorry, ma'am, what page are we on?</p> <p>19 Q Third from the last.</p> <p>20 A Okay.</p> <p>21 Q Is that an invoice?</p> <p>22 A Yes.</p> <p>23 Q We already spoke about that earlier,</p> <p>24 that's reflecting the work that was done by you from</p> <p>25 December 18th to February 2019?</p>	<p style="text-align: right;">Page 84</p> <p>1 reviewed since I submitted my report.</p> <p>2 Q And so is it true that from the point</p> <p>3 that you issued your report to today, the only</p> <p>4 documents you reviewed in connection with your</p> <p>5 opinions are those listed here at the supplement to</p> <p>6 the materials reviewed by Dr. Cheryl Saenz?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: So no, because I actually</p> <p>9 did a little bit more reading last evening. So I</p> <p>10 haven't informed anybody of that, other than what I</p> <p>11 did myself.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Turning to that soon. So you knew where</p> <p>14 I was going. But what did you read last night?</p> <p>15 A Last evening I reread the Penninkilampi</p> <p>16 meta-analysis, and I pulled online the reference</p> <p>17 where they talk about ovarian cancer -- sorry,</p> <p>18 ovarian epithelial cells lacking COX-1 and COX-2,</p> <p>19 and therefore, I went to see that article to see if</p> <p>20 that was actually quoted properly in the</p> <p>21 Penninkilampi study.</p> <p>22 And then I was aware of some other</p> <p>23 studies just from personal knowledge that actually</p> <p>24 did document that COX-1 and COX-2 are in ovarian</p> <p>25 cancer cells, so I re-reviewed those myself just to</p>
<p style="text-align: right;">Page 83</p> <p>1 A Correct.</p> <p>2 Q And at a rate of \$750 an hour?</p> <p>3 A That's correct.</p> <p>4 Q If we turn to the next document, it is</p> <p>5 also on UCSD Medical Center Moores Cancer Center</p> <p>6 letterhead; correct?</p> <p>7 A What's the title of the document?</p> <p>8 Q Legal consultation fee schedule.</p> <p>9 A Okay; yes, I'm there.</p> <p>10 Q Did you draft this document?</p> <p>11 A Yes.</p> <p>12 Q What is the nature of this document?</p> <p>13 A This is my fee schedule as of October</p> <p>14 of 2016, I believe, is the last time I revised it.</p> <p>15 Q And what does out of town travel fees</p> <p>16 mean?</p> <p>17 A It means I pick up, I leave San Diego</p> <p>18 County, and I go someplace else.</p> <p>19 Q The third document that was produced is</p> <p>20 a -- is titled "Supplement to Materials Reviewed By</p> <p>21 Dr. Cheryl Saenz"; is that correct?</p> <p>22 A Yes.</p> <p>23 Q Did you draft this document?</p> <p>24 A I didn't do the actual typing, but I did</p> <p>25 send an email to Ms. Curry about things that I had</p>	<p style="text-align: right;">Page 85</p> <p>1 make sure that my recollection was accurate.</p> <p>2 Q What were those? What were the titles of</p> <p>3 those studies?</p> <p>4 A So I don't recall the Penninkilampi</p> <p>5 title, the one that's referenced in Penninkilampi,</p> <p>6 but I think it was reference 27. I'm happy to show</p> <p>7 you if you have the article, but I think it was</p> <p>8 reference 27 in the Penninkilampi.</p> <p>9 Then the other two articles that I read</p> <p>10 were actually out of Dr. Khabele's lab, and they</p> <p>11 look at the presence of COX-1 and COX-2 in ovarian</p> <p>12 cancer cells.</p> <p>13 And I had read that actually to -- like,</p> <p>14 one was published last year and one was published a</p> <p>15 few years ago. I had read that before and I just</p> <p>16 re-reread them. But do I believe that Dr. Khabele</p> <p>17 is the senior author, but -- I'm sorry, I don't</p> <p>18 remember the title, but I think that Dr. Khabele was</p> <p>19 the senior author on those papers.</p> <p>20 Q How do you spell Khabele?</p> <p>21 A K-H-A-B-E LE, and her first name is</p> <p>22 Dineo, D-I-N-E-O.</p> <p>23 Q Do you know the second study author's</p> <p>24 name?</p> <p>25 A Well, Dr. Khabele was senior author on</p>

<p style="text-align: right;">Page 86</p> <p>1 both of those, so she's actually the last author.</p> <p>2 Q Do you remember the first author?</p> <p>3 A I don't, I'm sorry.</p> <p>4 Q That's okay. So there were two papers by</p> <p>5 the Khabele lab?</p> <p>6 A Yes.</p> <p>7 Q What was the upshot of their findings?</p> <p>8 A That there is expression of COX-1 and</p> <p>9 COX-2 in ovarian cancer cells, as well as production</p> <p>10 of mRNA, particularly for COX-1.</p> <p>11 The Penninkilampi study -- well, it</p> <p>12 wasn't the Penninkilampi study, but it was the</p> <p>13 reference in Penninkilampi, they actually did find</p> <p>14 expression of COX-1 and COX-2 proteins in the</p> <p>15 ovarian cancer cell lines that they looked at. And</p> <p>16 so Penninkilampi actually was incorrect in the way</p> <p>17 that they were referencing that study. That's why I</p> <p>18 looked at it.</p> <p>19 Q So your take-away is that the</p> <p>20 Penninkilampi paper miscited whether there's</p> <p>21 expression of COX-1 and COX-2 in epithelial ovarian</p> <p>22 cells?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: Well, the paper that they</p> <p>25 cited, I think they cited it correctly, but I think</p>	<p style="text-align: right;">Page 88</p> <p>1 department, and so I knew her research and I knew</p> <p>2 she had shown that COX was in ovarian cancer cells,</p> <p>3 so it seemed that like strange to me that</p> <p>4 Penninkilampi said that it wasn't there.</p> <p>5 So that's why I went back in and wanted</p> <p>6 to verify that.</p> <p>7 Q Did you do a comprehensive literature</p> <p>8 review on the issue of whether epithelial ovarian</p> <p>9 cancer express -- I'm sorry, epithelial ovarian</p> <p>10 cells express COX-1 and COX-2?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: So I read those three</p> <p>13 papers. I had read Dr. Khabele's papers before, but</p> <p>14 I read these papers last evening and read them</p> <p>15 thoroughly. So I wouldn't say I've read every</p> <p>16 article ever published on it, but I certainly read</p> <p>17 the paper that Penninkilampi referenced and I read</p> <p>18 Dr. Khabele's work, which I think actually is some</p> <p>19 of the largest volume of work given the tissue</p> <p>20 microarray that she studies and how many different</p> <p>21 specimens she actually looked at it.</p> <p>22 BY MS. GARBER:</p> <p>23 Q And based on your review of the three</p> <p>24 studies, are you going to give an opinion whether or</p> <p>25 not you believe and it's your opinion whether</p>
<p style="text-align: right;">Page 87</p> <p>1 they misstated the results of that study, yes.</p> <p>2 BY MS. GARBER:</p> <p>3 Q So do you have opinion, Doctor, based on</p> <p>4 your research as to whether epithelial ovarian cells</p> <p>5 express COX-1 and COX-2?</p> <p>6 A So that gets to the point of where I</p> <p>7 think Penninkilampi misrepresented the conclusions</p> <p>8 of the study, because Penninkilampi stated that</p> <p>9 ovarian epithelium doesn't have COX-1 or COX-2. But</p> <p>10 the study they cited wasn't on normal ovarian</p> <p>11 epithelium, it was actually on cancer cells, and the</p> <p>12 cancer cells actually did have expression of COX-1</p> <p>13 and COX-2.</p> <p>14 Q Why did you go back and look at that in</p> <p>15 particular?</p> <p>16 A Because I was reading the Penninkilampi</p> <p>17 study again, and it's meta-analysis that's focused</p> <p>18 on by many of your experts, and I felt it was</p> <p>19 important to the whole theory of chronic</p> <p>20 inflammation and why NSAIDS may or may not show a</p> <p>21 decreased risk of ovarian cancer. The literature on</p> <p>22 that is very inconsistent.</p> <p>23 I also am very familiar with the work in</p> <p>24 Dr. Khabele's lab because -- well, she once</p> <p>25 interviewed for a division director at our</p>	<p style="text-align: right;">Page 89</p> <p>1 epithelial ovarian cells express COX-1 and COX-2?</p> <p>2 A Yes.</p> <p>3 Q You're going to say they don't?</p> <p>4 A No, I'm going to say they do.</p> <p>5 Q They do --</p> <p>6 A They do express COX-1 and COX.</p> <p>7 Q So you have not produced all documents</p> <p>8 that relate to your compensation for expert work in</p> <p>9 this matter; correct?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: With respect to this MDL</p> <p>12 work, this particular matter, I have. I've only</p> <p>13 invoiced the one invoice.</p> <p>14 BY MS. GARBER:</p> <p>15 Q That was a bad question.</p> <p>16 You have not produced all documents that</p> <p>17 relate to your compensation for expert work done in</p> <p>18 the talcum powder litigation; correct?</p> <p>19 MS. CURRY: Object to the form. It's the</p> <p>20 subject of our objections.</p> <p>21 THE WITNESS: I've only produced the</p> <p>22 invoice for this particular matter.</p> <p>23 BY MS. GARBER:</p> <p>24 Q With regard to the supplement to</p> <p>25 materials reviewed by Dr. Cheryl Saenz, did you</p>

<p style="text-align: right;">Page 90</p> <p>1 review any other expert reports?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: On the defense side or the</p> <p>4 plaintiff side?</p> <p>5 MS. GARBER: Either side.</p> <p>6 THE WITNESS: So, yes, but I think that's</p> <p>7 listed in the materials reviewed. This is only the</p> <p>8 listing of the defense expert reports that I</p> <p>9 reviewed subsequent to submitting my report in the</p> <p>10 original materials reviewed list.</p> <p>11 BY MS. GARBER:</p> <p>12 Q What was the nature of reviewing those</p> <p>13 particular expert reports? Did you ask for them?</p> <p>14 Were they provided?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: The ones on the supplement</p> <p>17 lists?</p> <p>18 MS. GARBER: Yes.</p> <p>19 THE WITNESS: Okay. The ones on the</p> <p>20 supplement list, I've actually been provided with</p> <p>21 these expert reports, and I picked these particular</p> <p>22 ones because I wanted -- after my report was</p> <p>23 submitted, I felt that it was important for me to</p> <p>24 see what the other expert said with regards to</p> <p>25 things that I had actually given opinions on as</p>	<p style="text-align: right;">Page 92</p> <p>1 A No.</p> <p>2 Q Have you ever spoken with Dr. Holcombe</p> <p>3 about this litigation?</p> <p>4 A No.</p> <p>5 Q Did you conduct any research in</p> <p>6 connection with your expert opinion?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 BY MS. GARBER:</p> <p>9 Q In other words, did you do a literature</p> <p>10 search on PubMed or Medline?</p> <p>11 A Oh. Yes, I often -- particularly as I</p> <p>12 was reading an article, if I felt that there was</p> <p>13 something that was important in one of the reference</p> <p>14 lists for an article that I was reading, then I</p> <p>15 would go do a lit search to find that article and</p> <p>16 read that as well.</p> <p>17 But yes, I've done quite an extensive</p> <p>18 literature search.</p> <p>19 Q Did you ever do any general searches, for</p> <p>20 instance, talcum powder products and ovarian cancer,</p> <p>21 or was it just to find other papers based on the</p> <p>22 papers you had previously read?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: I've done all of that.</p> <p>25 ///</p>
<p style="text-align: right;">Page 91</p> <p>1 well.</p> <p>2 BY MS. GARBER:</p> <p>3 Q Prior to finalizing and signing your</p> <p>4 expert report, in the MDL, did you review any draft</p> <p>5 reports of any of the defense experts?</p> <p>6 A No.</p> <p>7 Q Did you ever speak with any of the</p> <p>8 experts?</p> <p>9 A About --</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: About this matter?</p> <p>12 MS. GARBER: Yes.</p> <p>13 THE WITNESS: No.</p> <p>14 BY MS. GARBER:</p> <p>15 Q After you issued your MDL report, have</p> <p>16 you spoken with any of the defense experts about</p> <p>17 this litigation?</p> <p>18 A No.</p> <p>19 Q Have you ever spoken with Dr. Swisher</p> <p>20 about this litigation?</p> <p>21 A No.</p> <p>22 Q Have you ever spoken with Dr. Huh about</p> <p>23 this litigation?</p> <p>24 A Warner?</p> <p>25 Q Yes?</p>	<p style="text-align: right;">Page 93</p> <p>1 BY MS. GARBER:</p> <p>2 Q Did counsel in the MDL provide for you</p> <p>3 any published literature for you to review?</p> <p>4 A Other than that flash drive that we</p> <p>5 originally talked back in November of 2016, no.</p> <p>6 Oh, ma'am, I'm sorry. For the sake of</p> <p>7 the completeness, I have received a copy of that</p> <p>8 Health Canada assessment which was not available to</p> <p>9 me online, and also the Taher article, which has not</p> <p>10 been published. And it's in my materials reviewed,</p> <p>11 but I believe that I received one or two of the</p> <p>12 abstracts from Dr. Saed's lab that have yet to be</p> <p>13 presented.</p> <p>14 So, sorry, that was provided for me. But</p> <p>15 I asked for those materials. They weren't provided</p> <p>16 to me without me reading about them I think in</p> <p>17 plaintiff's experts' depositions or reports and then</p> <p>18 I asked to see them. Sorry about that.</p> <p>19 Q Between when you were first retained in</p> <p>20 2016 and were given the flash drive and completing</p> <p>21 your expert report in the MDL, you were not provided</p> <p>22 any published literature by Johnson & Johnson</p> <p>23 lawyers. Is that a true statement?</p> <p>24 A Other than what we've just discussed?</p> <p>25 Q I'm trying to narrow down before your</p>

<p style="text-align: right;">Page 94</p> <p>1 expert report was issued.</p> <p>2 A Oh, before it was issued?</p> <p>3 Q Yes.</p> <p>4 A But I just listed those things. So I did</p> <p>5 receive those before it was issued.</p> <p>6 Q Okay. We're -- I'm going to mark your</p> <p>7 report in a minute. But before your expert report</p> <p>8 was issued, you had received some Dr. Saed</p> <p>9 abstracts, the Taher meta-analysis and the Health</p> <p>10 Canada review?</p> <p>11 A The Health Canada summary, yeah, the</p> <p>12 assessment; right. Yes, before my report was</p> <p>13 issued.</p> <p>14 Q Which abstracts did you receive in</p> <p>15 connection with Dr. Saed's work?</p> <p>16 A I'd have to look at my expert report to</p> <p>17 see exactly because they're listed there in the</p> <p>18 materials reviewed.</p> <p>19 MS. GARBER: Let's mark the expert</p> <p>20 report.</p> <p>21 (C. Saenz Exhibit 5 was marked for</p> <p>22 identification.)</p> <p>23 MS. GARBER: We'll mark the expert report</p> <p>24 of Cheryl Saenz dated February 25th, 2019, as</p> <p>25 Exhibit 5.</p>	<p style="text-align: right;">Page 96</p> <p>1 A These are all the references that I made</p> <p>2 reference to in my report.</p> <p>3 Q So these are the references that were</p> <p>4 cited to in the body of your expert report?</p> <p>5 A Right. These are the -- right, exactly.</p> <p>6 Q Then if we turn to 40 through 42, what is</p> <p>7 the nature of those documents titled "Additional</p> <p>8 Materials Reviewed By Dr. Cheryl Saenz"?</p> <p>9 A So these are other articles that I have</p> <p>10 read over the time period that I have been giving</p> <p>11 opinions in the talc litigation matters, but that I</p> <p>12 didn't necessarily reference in my report.</p> <p>13 Q I notice those are listed alphabetically,</p> <p>14 are they not?</p> <p>15 A Yes.</p> <p>16 Q I don't see any reference to any of</p> <p>17 Dr. Saenz' work; is that true?</p> <p>18 A I am Dr. Saenz.</p> <p>19 Q I'm sorry. I don't see any reference to</p> <p>20 Dr. Saed's work. Do you?</p> <p>21 A So if you look on page 33, reference 21,</p> <p>22 Nicole Fletcher is first author on one of his works.</p> <p>23 That's actually his work.</p> <p>24 Q With regard -- I was referencing the</p> <p>25 second grouping. Do you cite any of Dr. Saed's</p>
<p style="text-align: right;">Page 95</p> <p>1 Do you need one?</p> <p>2 MS. CURRY: No, I have one.</p> <p>3 BY MS. GARBER:</p> <p>4 Q Doctor, let's turn in Exhibit 5 of your</p> <p>5 expert report --</p> <p>6 MS. CURRY: Actually, can I just ask you</p> <p>7 one thing. The copy that Dr. Saenz has that's been</p> <p>8 marked as an official exhibit is not in color, but</p> <p>9 there is some color in the original report.</p> <p>10 Do you want to mark the color version or</p> <p>11 swap it out?</p> <p>12 MS. GARBER: If you want to -- do you</p> <p>13 have a color copy?</p> <p>14 MS. CURRY: I do.</p> <p>15 MS. GARBER: Sure.</p> <p>16 THE WITNESS: I'm sorry, what page,</p> <p>17 ma'am?</p> <p>18 BY MS. GARBER:</p> <p>19 Q If we turn to page 32 of your report.</p> <p>20 A Yes.</p> <p>21 Q There is a document that spans from</p> <p>22 page 32 to 39 that was titled "References"?</p> <p>23 A Yes.</p> <p>24 Q Can you tell me what the nature of that</p> <p>25 document is?</p>	<p style="text-align: right;">Page 97</p> <p>1 abstracts?</p> <p>2 A No, because I do in the report. That's</p> <p>3 why it's in the report. That's why it's listed</p> <p>4 there.</p> <p>5 Q I think you told me several abstracts. I</p> <p>6 don't see -- or a couple of abstracts. I don't see</p> <p>7 more than one.</p> <p>8 A I can't remember the name of his other</p> <p>9 first author. There's Fletcher and then there's --</p> <p>10 I can't remember who else he published with.</p> <p>11 Q Did you read Dr. Saed's 2019 publication</p> <p>12 with regard to talc and ovarian cancer molecular</p> <p>13 mechanisms?</p> <p>14 A No, I don't believe that I did. I</p> <p>15 believe that I read his deposition testimony and his</p> <p>16 expert report. So I would have learned what I</p> <p>17 learned about what he did from his expert report as</p> <p>18 well as his deposition testimony.</p> <p>19 Q So I'm clear, you have not read his 2019</p> <p>20 publication; is that true?</p> <p>21 A I don't believe that I have.</p> <p>22 Q It isn't your testimony, is it,</p> <p>23 Dr. Saenz, that by reading his deposition and expert</p> <p>24 report, you thereby know what is in his peer</p> <p>25 reviewed and published publications?</p>

<p style="text-align: right;">Page 98</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: I've not read the</p> <p>3 publication from 2019. I have read his expert</p> <p>4 report wherein he describes the experiments he did,</p> <p>5 I believe, for that publication. But no, I have not</p> <p>6 read the 2019 publication.</p> <p>7 BY MS. GARBER:</p> <p>8 Q You do make comments about his</p> <p>9 publication in your expert report?</p> <p>10 A The one --</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: -- that is cited in my</p> <p>13 report; correct.</p> <p>14 BY MS. GARBER:</p> <p>15 Q Did you ask Johnson & Johnson to provide</p> <p>16 you with any documents?</p> <p>17 MS. CURRY: Objection to the form.</p> <p>18 THE WITNESS: What do you mean by</p> <p>19 "documents"?</p> <p>20 BY MS. GARBER:</p> <p>21 Q Any. Did you ask for any documents</p> <p>22 whatsoever from Johnson & Johnson?</p> <p>23 A Well, yes, we've already covered I asked</p> <p>24 for the Health Canada assessment and I asked for the</p> <p>25 Taher report, and I believe I asked for one of the</p>	<p style="text-align: right;">Page 100</p> <p>1 Q Why not?</p> <p>2 A I didn't believe that they were important</p> <p>3 to my opinion. I don't know where they would come</p> <p>4 from. They're not peer-reviewed literature and my</p> <p>5 opinion is based on my experience, my treating</p> <p>6 patients with ovarian cancer, as well as assessing</p> <p>7 people, and the risk factors and a review of the</p> <p>8 peer-reviewed literature.</p> <p>9 Q What Johnson & Johnson, the defendant,</p> <p>10 was saying about the science was not important to</p> <p>11 you, Dr. Saenz?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: So I wouldn't know the</p> <p>14 context of that. What's important to me in</p> <p>15 assessing whether or not application of talcum</p> <p>16 powder products in the perineum is increasing the</p> <p>17 risk of ovarian cancer is reading the peer-reviewed</p> <p>18 literature to see if that's substantiated by that.</p> <p>19 BY MS. GARBER:</p> <p>20 Q For the expert reports that are listed in</p> <p>21 your reference materials, all of them, all three</p> <p>22 lists, did you read every word of those reports?</p> <p>23 A Can you reference me which page we're</p> <p>24 looking at now? Are we looking at the supplemental</p> <p>25 list or --</p>
<p style="text-align: right;">Page 99</p> <p>1 abstracts from Dr. Saed to take a look at that.</p> <p>2 Q Which abstract was that?</p> <p>3 A I think it's the one that's referenced</p> <p>4 there as reference 21.</p> <p>5 Q How did you know to ask for that?</p> <p>6 A Because I read his report and saw where</p> <p>7 he talked about that. But I also read the reports</p> <p>8 of some of plaintiff's gynecological oncology</p> <p>9 experts where they reference that he talked about</p> <p>10 rising levels of CA 125 as a result of talc</p> <p>11 treatment of ovarian cancer cells.</p> <p>12 Q How did you know to ask for the Taher</p> <p>13 paper?</p> <p>14 A Because that was discussed in, I believe,</p> <p>15 the depositions of some of plaintiff's experts.</p> <p>16 Q How did you know to ask for the Health</p> <p>17 Canada assessment?</p> <p>18 A Again, the same thing. I believe that</p> <p>19 was discussed in some of plaintiff's experts</p> <p>20 depositions.</p> <p>21 Q Did you ask Johnson & Johnson for any</p> <p>22 internal documents?</p> <p>23 A Internal to Johnson & Johnson?</p> <p>24 Q Yes.</p> <p>25 A No.</p>	<p style="text-align: right;">Page 101</p> <p>1 Q All three.</p> <p>2 A -- the report?</p> <p>3 Q Well, actually, it would just be the --</p> <p>4 let's see what you called it -- additional</p> <p>5 materials. Have you -- which is at page 40,</p> <p>6 attached to your expert report, have you read every</p> <p>7 word of those expert reports?</p> <p>8 A Yes.</p> <p>9 Q Sorry. Okay. Have you read every word</p> <p>10 of the deposition transcript of the witnesses listed</p> <p>11 on page 40?</p> <p>12 A Yes.</p> <p>13 Q And similarly, have you read every word</p> <p>14 of the expert reports that is listed on the</p> <p>15 supplement to materials review by Dr. Cheryl Saenz?</p> <p>16 A Yes.</p> <p>17 Q You read Dr. Crowley's deposition</p> <p>18 testimony; right?</p> <p>19 A Yes.</p> <p>20 Q What did you glean from his deposition</p> <p>21 testimony?</p> <p>22 MS. CURRY: Object to the form.</p> <p>23 THE WITNESS: What did I glean?</p> <p>24 MS. GARBER: Uh-huh.</p> <p>25 THE WITNESS: I gleaned that I don't</p>

<p>Page 102</p> <p>1 think he necessarily understands that the vaginal 2 mucosa and the eye mucosa are the same. 3 BY MS. GARBER: 4 Q And you've made reference to that in 5 your expert report, haven't you? 6 A Yes. 7 Q Did you glean anything else from reading 8 his testimony? 9 MS. CURRY: Object to the form. 10 THE WITNESS: Not that I wanted to remark 11 on. 12 BY MS. GARBER: 13 Q Do you have any criticisms of his expert 14 report other than with regard to the vaginal mucosa? 15 A Not that I know. 16 MS. CURRY: Object to the form. 17 THE WITNESS: Not that I intend to give. 18 BY MS. GARBER: 19 Q What did you glean from the testimony of 20 Dr. Saed? 21 MS. CURRY: Object to the form. 22 THE WITNESS: I felt that based on his -- 23 I believe that based on his deposition testimony, 24 that there were a lot of irregularities in the 25 research that he conducted. I don't believe that</p>	<p>Page 104</p> <p>1 cancer cells causes changes in the molecular biology 2 of those cells that leads to ovarian cancer and I 3 don't believe that the reports that -- that the 4 reports of his data, the way that he puts them 5 forth, actually show that. 6 BY MS. GARBER: 7 Q But you make that statement not having 8 read all his data, don't you? 9 MS. CURRY: Object to the form. 10 THE WITNESS: I read his report and I 11 read his deposition and I read at least one of the 12 papers from Fletcher and Saed, and I read definitely 13 references to him in other expert plaintiff's 14 reports. 15 BY MS. GARBER: 16 Q Doctor, from reading his expert report 17 and from reading his two depositions; right? 18 A There were two volumes to his deposition; 19 correct. 20 Q You understood that he published a study 21 whereby he conducted an experiment with talc and the 22 cellular response, but yet you didn't ask for that 23 study? You didn't ask to review that study itself? 24 MS. CURRY: Object to the form. 25 THE WITNESS: No, I read his testimony</p>
<p>Page 103</p> <p>1 the results as he stated them from his work 2 necessarily support the hypothesis that chronic 3 inflammation leads to the development of ovarian 4 cancer. 5 BY MS. GARBER: 6 Q And with regard to your prior statement, 7 "I don't believe that the results as he stated them 8 from his work necessarily support the hypothesis 9 that chronic inflammation leads to the development 10 of ovarian cancer," is limited to the context of his 11 study that appears at reference 21? 12 MS. CURRY: Object to the form. 13 THE WITNESS: No. I believe that what 14 you asked me about was his -- what I gleaned from 15 his deposition testimony and so I was commenting on 16 that. 17 I think that Dr. Saed is mentioned in 18 many different places, many different expert reports 19 and so to some extent, it gets confusing to me as to 20 what the source for each and every one of these 21 things is. 22 Sometimes I saw it in expert plaintiff's 23 reports or their deposition testimony. But from 24 Dr. Saed's deposition testimony, I believe that he 25 talks about how his treatment of talc to the ovarian</p>	<p>Page 105</p> <p>1 where he talked about those things and he had his 2 notebooks in front of him. And I also read his 3 report, because he even discussed in his deposition 4 that the science that was in his report is the 5 experiments that he then went on to publish. 6 BY MS. GARBER: 7 Q I see. As a scientist, you just read a 8 deposition, you don't bother to consult the data. 9 Is that how it works? 10 MS. CURRY: Objection. Argumentative. 11 THE WITNESS: No. 12 BY MS. GARBER: 13 Q Don't you think the best source of 14 understanding Dr. Saed's work is to look at the data 15 itself, Dr. Saenz? 16 MS. CURRY: Object to the form. 17 THE WITNESS: I did look at the data from 18 the Fletcher and Saed paper and then -- 19 BY MS. GARBER: 20 Q But you didn't look at the 2019 data, did 21 you, Dr. Saenz? 22 A Ma'am, I wasn't finished with my 23 response. 24 Q I'm sorry. Go ahead and finish. 25 A I look at what Dr. Saed's report was and</p>

<p style="text-align: right;">Page 106</p> <p>1 there was data in that report; that is his expert 2 report. He provided data in that expert report as 3 to the experiments that he had done and that's what 4 I looked at. 5 Q For your critique, Doctor, don't you 6 think it would be fair for you to look at the source 7 data rather than rely on his deposition testimony 8 about those data? 9 Isn't the direct data more reliable than 10 his deposition about the data? 11 MS. CURRY: Object to the form. 12 THE WITNESS: I didn't say his 13 deposition. I said his report. His source data is 14 in his report. He testified to as much. The 15 written report that he submitted as an -- as an 16 expert are the experiments that he says he 17 published. So he is the source and I had that 18 report and I read that report. 19 BY MS. GARBER: 20 Q So his expert report is the totality of 21 his data that was published in the 2019 publication, 22 is that your testimony? 23 A That's his testimony. 24 MS. CURRY: Object to the form. 25 ///</p>	<p style="text-align: right;">Page 108</p> <p>1 MS. GARBER: Sure. I can't give that you 2 to you right now, but you can ask your counsel to 3 look at his report. 4 THE WITNESS: Okay. For the purposes of 5 accuracy, I'd rather not hypothesize about what he 6 had in his report, but if I have it in front of me, 7 I would be happy to comment on it. 8 MS. GARBER: Okay. 9 BY MS. GARBER: 10 Q Where do you list in your references 11 Dr. Saed's abstracts? 12 A I don't recall the name of the first 13 author on anything other than the Fletcher abstract 14 so I don't know where to find it right now. I do 15 believe that I have seen them, but I don't know 16 where it is right now. 17 Q Is it fair to say, Dr. Saenz, that 18 Dr. Saed's abstracts are not listed on any of your 19 reference materials? 20 MS. CURRY: Object to the form. 21 THE WITNESS: I don't think that would be 22 fair to say, because I just am saying that I can't 23 recall who else were first authors on his papers 24 right now. And so I can't be sure that they are 25 aren't actually here, other than the Fletcher paper,</p>
<p style="text-align: right;">Page 107</p> <p>1 BY MS. GARBER: 2 Q And all one needs to do is to read his 3 deposition to fully understand the data that is 4 referenced and described in the 2019 publication, is 5 that your testimony? 6 MS. CURRY: Object to the form. 7 THE WITNESS: You're misstating my 8 testimony. What I said -- 9 BY MS. GARBER: 10 Q Why don't you clarify? 11 A I'd be happy to. What I said is I read 12 his report and his report is the experiments that he 13 did, that he then says he published in his 14 deposition. But the report contains the 15 experiments. He said he did that report for the 16 purposes of evaluating talc and its potential to be 17 carcinogenic, but he states it himself, he is the 18 source. 19 Q Can you tell me from reading his expert 20 report what his methodologies and materials were 21 with regard to his study that was published in 2019? 22 MS. CURRY: Object to the form. 23 THE WITNESS: Can I have his expert 24 report in front of me so that I can make sure I 25 don't misquote anything?</p>	<p style="text-align: right;">Page 109</p> <p>1 or the Fletcher abstract, I should say. But without 2 recalling who the first author was, I just can't 3 recall. 4 BY MS. GARBER: 5 Q You did read Health Canada's draft 6 screening; correct? 7 A Yes. 8 Q Have you read any comment letters or 9 reports issued in response to the Health Canada's 10 December DSAR? 11 MS. CURRY: Object to the form. 12 THE WITNESS: No, I don't believe that I 13 have. 14 BY MS. GARBER: 15 Q Have you or are you planning to comment 16 to Health Canada regarding their assessment? 17 A No, I am not. 18 Q Have you been asked to reply? 19 A No, I have not. 20 Q Have you been asked to testify at any 21 United States or state government proceedings 22 regarding talcum powder products? 23 A No, I have not. 24 Q Are you conducting any research in any 25 capacity concerning talcum powder products and risk</p>

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1 of ovarian cancer, and by that I mean in your
2 laboratory or at your institution?
3 A No, ma'am.
4 Q Have you ever applied for a grant or any
5 monies to conduct a research project on talcum
6 powder products and ovarian cancer?
7 A No.
8 Q Do you sit on any editorial boards for
9 any scientific journals?
10 A As a regular editorial board position,
11 no. But I have been an ad hoc reviewer.
12 Q I saw that in your CV. As an ad hoc
13 reviewer, which journals have you served on?
14 A Let me turn to my -- is that my CV? Yes.
15 So I've an ad hoc reviewer for Gynecologic Oncology,
16 for the Gray Journal, which is the American Journal
17 of Obstetrics and Gynecology, for Cancer, and for
18 the Journal of Pediatric Surgery Case Reports.
19 Q In that regard, have you ever reviewed
20 any articles in connection with talcum powder
21 products and risk of ovarian cancer?
22 A No.
23 Q Turning back to your expert report and
24 going through it, there is at the back of your
25 report, a document titled "Table one, analysis of

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1 case control studies cited by Dr. Smith-Bindman,"
2 and table four of her expert report.
3 Do you see that?
4 A Yes.
5 Q What is the nature of that document?
6 A The nature of this document was to
7 analyze and review the case control studies that are
8 cited by Dr. Smith-Bindman in her report as
9 influencing her opinion. But in my review, in
10 reading her report, it became obvious to me that she
11 was mis-transcribing or misquoting the numbers and
12 the odds ratios and the confidence interval from the
13 original documents into her report.
14 So in my review, I wanted to make sure I
15 had accurate data and I found a number of
16 discrepancies.
17 Q Is it your opinion that those
18 discrepancies, as you say, were made intentionally?
19 MS. CURRY: Object to the form.
20 THE WITNESS: I have no idea.
21 BY MS. GARBER:
22 Q Is it your opinion that those
23 discrepancies made a difference in the outcome of
24 her opinions?
25 MS. CURRY: Object to the form.

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1 THE WITNESS: I believe that these
2 discrepancies misrepresent the data, and so for the
3 sakeness [sic] of trying to be accurate with the
4 data, I wanted to make sure I had an accurate
5 representation. I do believe that this was in part
6 part of her opinion, otherwise, I don't think she
7 would have put it in her report.
8 BY MS. GARBER:
9 Q Do you have any basis to conclude that
10 she intentionally misrepresented the data?
11 MS. CURRY: Object to the form.
12 THE WITNESS: I don't know why she
13 misrepresented the data. I only know that she did.
14 BY MS. GARBER:
15 Q You read her deposition; did you not?
16 A Yes, I did.
17 Q Did you read both volumes?
18 A Yes, I did.
19 Q What was your understanding of her
20 testimony with regard to table four in her second
21 deposition?
22 A I don't believe I recall specifically
23 getting asked questions about table four in her
24 deposition. I --
25 Q You didn't read her deposition, did you,

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1 Doctor?
2 A No, that's not true, ma'am. I did read
3 her deposition, both volumes, cover to cover. What
4 I recall the main focus of her deposition testimony
5 was on the individual analysis that she did, which
6 she called her own systematic review of the
7 literature that has been published and the different
8 conditions on which she made that analysis.
9 Q I notice, Doctor, that your chart, which
10 is table one, of her table, table four, you have
11 indicated on the right-hand column mistakes in
12 reported -- mistakes in reported data in table four
13 of Smith-Bindman's report.
14 Is that correct?
15 A Yes.
16 Q Then you go down for the various studies
17 and you indicate a number. So we'll just do for
18 instance, the Schildkraut paper?
19 A Okay.
20 Q You indicate, Schildkraut paper, and you
21 give an odds ratio or a relative risk and then you
22 give a confidence interval; correct?
23 A Well --
24 MS. CURRY: Object to the form.
25 THE WITNESS: I don't give that. That's

<p style="text-align: right;">Page 114</p> <p>1 what the Schildkraut paper found.</p> <p>2 BY MS. GARBER:</p> <p>3 Q That's what I'm trying to understand. So</p> <p>4 you -- so I understand the nature of your table,</p> <p>5 you're giving Schildkraut's odds ratio or relative</p> <p>6 risk for every use of genital talc, and then if we</p> <p>7 move to the right, you're indicating whether or not</p> <p>8 it's statistically significant or not statistically</p> <p>9 significant; correct?</p> <p>10 A Again, I don't give these. This is the</p> <p>11 data as reported in the table.</p> <p>12 Q Understood.</p> <p>13 A I am generating this table, extracting</p> <p>14 the data from the report as published, and comparing</p> <p>15 it to what Dr. Smith-Bindman listed in her table</p> <p>16 four.</p> <p>17 So for ever versus never genital-only use</p> <p>18 of talcum powder products, that's what Schildkraut</p> <p>19 reports, and Schildkraut reported that that was a</p> <p>20 statistically significant finding.</p> <p>21 Q In the next column for the mistakes, what</p> <p>22 you're indicating here is that Dr. Smith-Bindman</p> <p>23 reported an incorrect odds ratio in her table four?</p> <p>24 A That's correct.</p> <p>25 Q Okay. Now I understand the nature of</p>	<p style="text-align: right;">Page 116</p> <p>1 nature of the table four; correct?</p> <p>2 A Hold on one second, please.</p> <p>3 MS. CURRY: Object to the form.</p> <p>4 THE WITNESS: She's describing that in</p> <p>5 table four and table four is labeled, "list of</p> <p>6 included studies with number of cancers, controls</p> <p>7 and reported odds ratios." So that's the odds ratio</p> <p>8 that she claims was reported in the study for ever</p> <p>9 versus never use of perineal -- the perineal</p> <p>10 application of talc.</p> <p>11 BY MS. GARBER:</p> <p>12 Q Does it say that, Doctor?</p> <p>13 A It does in the title.</p> <p>14 Q Did she provide any testimony about why</p> <p>15 those odds ratios are slightly off in her table</p> <p>16 four?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: I don't recall, but I'd be</p> <p>19 happy to look at the deposition. But specifically</p> <p>20 with respect to table four, I don't recall.</p> <p>21 MS. GARBER: Okay.</p> <p>22 THE WITNESS: I do recall that her own</p> <p>23 analysis, she changed numbers and things, but this</p> <p>24 is table four, which is titled "reported odds</p> <p>25 ratio."</p>
<p style="text-align: right;">Page 115</p> <p>1 your table.</p> <p>2 A Okay.</p> <p>3 MS. GARBER: Let's mark</p> <p>4 Dr. Smith-Bindman's table four and a couple</p> <p>5 documents that sort of explain it from her report.</p> <p>6 We'll mark that as Exhibit 6.</p> <p>7 (C. Saenz Exhibit 6 was marked for</p> <p>8 identification.)</p> <p>9 BY MS. GARBER:</p> <p>10 Q And I'll represent for the record, this</p> <p>11 does not include every page of her expert report.</p> <p>12 It's meant to demonstrate table four. And so if you</p> <p>13 see at the bottom of 18, it starts to describe what</p> <p>14 is going to be referenced at her table four.</p> <p>15 Do you see that?</p> <p>16 A Where are you, ma'am?</p> <p>17 Q If you go to the top of page 19, first</p> <p>18 paragraph. It ends -- the last sentence says, "the</p> <p>19 number of individual women included in each study</p> <p>20 and the reported or estimated effect size for any</p> <p>21 exposure to talc adjusted for other risk factors</p> <p>22 such as age are in table four."</p> <p>23 Did I read that correctly?</p> <p>24 A Yes.</p> <p>25 Q And so there she's just describing the</p>	<p style="text-align: right;">Page 117</p> <p>1 BY MS. GARBER:</p> <p>2 Q Is the gist of this table that you're</p> <p>3 trying to convey she's misrepresenting the data, or</p> <p>4 rather, there's mistakes and she's sloppy, or both?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: Again, as I testified</p> <p>7 earlier, I don't know what her intention was and why</p> <p>8 the data that is listed as reported odds ratios,</p> <p>9 which means the published odds ratios, I don't know</p> <p>10 why in this table it's different than what actually</p> <p>11 was in the study. I just know that it is.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Is it important to get it right in your</p> <p>14 opinion?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: It's important that she --</p> <p>17 if she's going to label this as reported odds ratio,</p> <p>18 it's important that she transcribe the data</p> <p>19 accurately.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Let's look at your table one. Let's look</p> <p>22 at the Schildkraut study. You stated here that the</p> <p>23 accurate odds ratio is 1.44 with a confidence</p> <p>24 interval of 1.11 to 1.86; correct?</p> <p>25 MS. CURRY: Object to the form.</p>

<p style="text-align: right;">Page 118</p> <p>1 THE WITNESS: For ever versus never</p> <p>2 genital use.</p> <p>3 BY MS. GARBER:</p> <p>4 Q That's incorrect, isn't it?</p> <p>5 A No, it's correct.</p> <p>6 MS. GARBER: I'll mark the Schildkraut</p> <p>7 paper, which is Exhibit 7.</p> <p>8 (C. Saenz Exhibit 7 was marked for</p> <p>9 identification.)</p> <p>10 BY MS. GARBER:</p> <p>11 Q Doctor, in the Schildkraut paper, the</p> <p>12 ever or any genital use, the odds ratio is reported</p> <p>13 a 1.71 with a confidence interval of 1.26 to 2.33;</p> <p>14 correct?</p> <p>15 A Where are you, ma'am?</p> <p>16 Q I'm at page 1413.</p> <p>17 A And where?</p> <p>18 Q Under the results, at the bottom of the</p> <p>19 page.</p> <p>20 Doctor, is that what it says?</p> <p>21 A That's --</p> <p>22 MS. CURRY: Object to the form.</p> <p>23 THE WITNESS: -- what you're reading,</p> <p>24 however --</p> <p>25 ///</p>	<p style="text-align: right;">Page 120</p> <p>1 Q Doctor, doesn't the ever use under table</p> <p>2 two give the odds ratio of 1.39 with a confidence</p> <p>3 interval of 1.10 to 1.76?</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 THE WITNESS: That's for body powder</p> <p>6 uses, ma'am. That's not restricted to genital use.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Okay, Doctor. Let's turn to</p> <p>9 Dr. Smith-Bindman's deposition testimony.</p> <p>10 MS. CURRY: We've gone an hour, so if you</p> <p>11 need a break, just let us know.</p> <p>12 THE WITNESS: Okay.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Do you have any recollection of what she</p> <p>15 said, why those numbers were slightly off on table</p> <p>16 four in her deposition?</p> <p>17 A No, ma'am, I already testified I'd need</p> <p>18 to look at her deposition to testify specifically.</p> <p>19 Do you have a copy of her deposition</p> <p>20 testimony?</p> <p>21 Q I do.</p> <p>22 A Thank you.</p> <p>23 ///</p> <p>24 ///</p> <p>25 ///</p>
<p style="text-align: right;">Page 119</p> <p>1 BY MS. GARBER:</p> <p>2 Q Doctor, is that what it says?</p> <p>3 A Ma'am, ma'am, I said that's what you're</p> <p>4 reading. But I need you to turn to the next page,</p> <p>5 which is table two, which shows any genital use has</p> <p>6 an odds ratio of 1.44 with a confidence interval of</p> <p>7 1.11 on to 1.86, which is the ever versus never use.</p> <p>8 And that is where I draw my figure from.</p> <p>9 Q Doctor, you drew your figure from the</p> <p>10 abstract, didn't you?</p> <p>11 A No.</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: I drew my figure from this</p> <p>14 table.</p> <p>15 BY MS. GARBER:</p> <p>16 Q And though you didn't report under the</p> <p>17 result section any genital powder use odds ratio</p> <p>18 1.71?</p> <p>19 A Because that has to do with daily use.</p> <p>20 That's not any use ever. Any use ever is what's in</p> <p>21 table two. The table four, as in the Smith-Bindman</p> <p>22 study, didn't qualify that it was for any daily use.</p> <p>23 What you're reading from is any daily</p> <p>24 use, whereas table two is an ever versus never,</p> <p>25 which doesn't qualify the dosing to be daily.</p>	<p style="text-align: right;">Page 121</p> <p>1 MS. GARBER: I'll represent for the</p> <p>2 record that this is not her complete deposition, but</p> <p>3 an excerpt where she testified about this topic.</p> <p>4 (C. Saenz Exhibit 8 was marked for</p> <p>5 identification.)</p> <p>6 BY MS. GARBER:</p> <p>7 Q Doctor, this deposition was on Friday,</p> <p>8 February 8th, on 2019; correct, Volume two?</p> <p>9 A That's what it says.</p> <p>10 Q And that is reflected that you read this</p> <p>11 deposition on your reference list; correct?</p> <p>12 A Yes, ma'am.</p> <p>13 Q If we turn to page 254 of her deposition.</p> <p>14 A Okay.</p> <p>15 Q She was asked, was she not, what she did</p> <p>16 to prepare for the deposition since yesterday, and</p> <p>17 at lines 13 through 17, does she indicate that she</p> <p>18 called the biostatistician who worked on the</p> <p>19 meta-analysis for review for a few details, and that</p> <p>20 her name was Dr. Hall?</p> <p>21 A That's what it says.</p> <p>22 Q Do you understand from reading her</p> <p>23 deposition that it was Dr. Hall, the</p> <p>24 biostatistician, who ran these numbers and not</p> <p>25 Dr. Bindman?</p>

<p style="text-align: right;">Page 122</p> <p>1 A That's what I understand from the 2 deposition testimony.</p> <p>3 Q And then if you turn to page 255, at 4 lines 16 through 25, it indicates what notes did you 5 make from your conversation with Dr. Hall. And she 6 explains that she mostly asked her to clarify about 7 how she did the calculations and the numbers that 8 are shown in the figures.</p> <p>9 She goes on to explain, she was 10 struggling to see why they were not exactly the same 11 as the ones shown in the published studies.</p> <p>12 And then it --</p> <p>13 A Ma'am, I'm sorry, I believe you're 14 misquoting what it says here.</p> <p>15 Q Okay. What do you think it says?</p> <p>16 A It says, "I was struggling to understand 17 why the numbers and the figures were not exactly the 18 same as the ones that you showed me in the published 19 manuscript." So that's not the same as saying, in 20 published studies.</p> <p>21 What Dr. Smith-Bindman is testifying to 22 here is what I was referencing before. These are 23 questions about her own meta-analysis. These are 24 not questions that are referring to table four.</p> <p>25 Table four is separate and distinct from</p>	<p style="text-align: right;">Page 124</p> <p>1 not necessarily a problem with the software. She 2 specified that the calculations were made by the 3 software in the program she used. But there's 4 absolutely no reference here specifically to table 5 four.</p> <p>6 Q Do you harbor the opinion that 7 Dr. Smith-Bindman intentionally misrepresented her 8 numbers?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: I harbor the opinion that 11 table four in Dr. Smith-Bindman's report, which is 12 listed as the transcription of the reported odds 13 ratios from the published literature as ever versus 14 never use, are not actually the numbers that were in 15 that publication, or those publications. That is 16 different than her own meta-analysis, which was her 17 own analysis that she did at the end of her report.</p> <p>18 I don't know what her motivation was. Do 19 I know that the numbers that she reported are wrong, 20 where I have highlighted that they're wrong.</p> <p>21 BY MS. GARBER:</p> <p>22 Q And if in fact, it's her testimony that 23 those number are slightly off and she was not aware 24 they were slightly off, but it was attributable to 25 her biostatistician's application of a software</p>
<p style="text-align: right;">Page 123</p> <p>1 her own meta-analysis. So all of this conversation 2 in her deposition is with regards to the 3 meta-analysis that she did separate and apart from 4 table four.</p> <p>5 Q That's your understanding of her 6 testimony?</p> <p>7 A That is --</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: That is what is there.</p> <p>10 BY MS. GARBER:</p> <p>11 Q Let's go on to page 257. On page 257, 12 lines one through nine, does she explain that the 13 discrepancies between the studies and what was 14 reported on table four was attributable to issues 15 with the software that the biostatistician used in 16 running those numbers?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: I'll need to read this, 19 ma'am.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Okay.</p> <p>22 A She makes absolutely no specific 23 reference to table four. She talks about that there 24 are some numbers that she didn't understand, that 25 the statistician then says that there were -- it was</p>	<p style="text-align: right;">Page 125</p> <p>1 program, do you have any criticisms of her table 2 four?</p> <p>3 MS. CURRY: Object to the form.</p> <p>4 THE WITNESS: Yes, I do. This is not a 5 calculation. This is a reporting of the data from 6 the studies that were published. Whatever software 7 program her statistician used had nothing to do with 8 the production of the numbers that are in table 9 four. The software program that she used was for 10 the purposes of her own meta-analysis.</p> <p>11 Table four is supposed to be where she 12 looked at the published literature and transcribed 13 the number. There were no computations that were 14 supposed to be getting done in table four as she 15 reported table four.</p> <p>16 BY MS. GARBER:</p> <p>17 Q Do you have any basis to conclude that 18 those slight deviations from what was in the 19 published literature affected her opinions in any 20 way?</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: Yes, I do. Because she 23 reported odds ratios that were incorrect and were 24 inflated from what was actually published in the 25 literature.</p>

<p style="text-align: right;">Page 126</p> <p>1 BY MS. GARBER:</p> <p>2 Q Were they all inflated?</p> <p>3 A No, and I didn't say they were all</p> <p>4 inflated. I listed when there were no mistakes in</p> <p>5 what she transcribed.</p> <p>6 Q And were there were mistakes, were those</p> <p>7 always an inflation of the data or were they</p> <p>8 sometimes a deflation of data?</p> <p>9 A I can't recall the exact nature of all of</p> <p>10 them, ma'am. There's something like 30 studies</p> <p>11 here.</p> <p>12 Q Wouldn't that make a difference,</p> <p>13 Dr. Saenz? If she had deflated the value, that</p> <p>14 wouldn't have affected her opinion, would it?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 BY MS. GARBER:</p> <p>17 Q Doesn't it show that this was not done</p> <p>18 intentionally?</p> <p>19 A I don't think it -- we have any idea</p> <p>20 whatsoever what her intent was. The data was wrong.</p> <p>21 And when you're producing a report such as this and</p> <p>22 you say that this is the data that's reported in</p> <p>23 those studies, then you have a responsibility to</p> <p>24 accurately report that data.</p> <p>25 The directionality of it doesn't make it</p>	<p style="text-align: right;">Page 128</p> <p>1 We're going off the record.</p> <p>2 (Lunch break taken at 12:00 p.m.)</p> <p>3 0o0</p> <p>4 (The deposition resumed at 12:59 p.m.)</p> <p>5 0o0</p> <p>6 THE VIDEOGRAPHER: The time is now 12:58.</p> <p>7 Back on the record.</p> <p>8 BY MS. GARBER:</p> <p>9 Q Good afternoon, Dr. Saenz.</p> <p>10 A Good afternoon.</p> <p>11 Q With regard to Exhibit 5, your expert</p> <p>12 report, your CV is attached to the back of it; is</p> <p>13 that right?</p> <p>14 A Yes.</p> <p>15 Q And it looks like it was last updated</p> <p>16 February of 2019; is that right?</p> <p>17 A Correct.</p> <p>18 Q Are there any amendments that you need to</p> <p>19 make to your CV to make it accurate?</p> <p>20 A No.</p> <p>21 Q Does it accurately reflect all your</p> <p>22 publications?</p> <p>23 A Yes.</p> <p>24 Q You don't hold yourself out as a cancer</p> <p>25 biologist, do you?</p>
<p style="text-align: right;">Page 127</p> <p>1 right or -- it's wrong to incorrectly report the</p> <p>2 data.</p> <p>3 Q In reading her deposition, did you glean</p> <p>4 from that that she realized that those data were</p> <p>5 misreported and she tried to explain why they were</p> <p>6 misreported?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: Again, the deposition</p> <p>9 testimony that you're handing me here is an</p> <p>10 explanation of what her meta-analysis was and the</p> <p>11 software programming that was used in order to</p> <p>12 conduct her meta-analysis, it has nothing to do with</p> <p>13 what's been produced in table four.</p> <p>14 MS. GARBER: That's your opinion.</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: That's documented in her</p> <p>17 report and in the testimony she gave. She talks</p> <p>18 about this being for her meta-analysis, not for</p> <p>19 table four.</p> <p>20 MS. GARBER: Let's turn back to your</p> <p>21 expert report.</p> <p>22 THE WITNESS: Can we take a break?</p> <p>23 MS. GARBER: Yes. It's a good breaking</p> <p>24 point.</p> <p>25 THE VIDEOGRAPHER: The time is 11:59.</p>	<p style="text-align: right;">Page 129</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: I'm not formally trained in</p> <p>3 cancer biology, but I have certainly worked in</p> <p>4 cancer biology labs and I read the cancer biology</p> <p>5 literature as it pertains to gynecologic</p> <p>6 malignancies.</p> <p>7 BY MS. GARBER:</p> <p>8 Q You don't have any degrees in</p> <p>9 epidemiology?</p> <p>10 A I do not have any degrees in</p> <p>11 epidemiology.</p> <p>12 Q You don't hold yourself out as an</p> <p>13 epidemiologist, do you?</p> <p>14 A I'm not formally trained in epidemiology,</p> <p>15 but I've published epidemiologic literature and I</p> <p>16 certainly review epidemiologic literature on a</p> <p>17 regular basis as pertains to gynecologic oncology.</p> <p>18 MS. GARBER: Motion to strike as</p> <p>19 nonresponsive.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Doctor, my question was, do you hold</p> <p>22 yourself out as an epidemiologist?</p> <p>23 A I do have expertise in epidemiology and</p> <p>24 gynecologic oncology.</p> <p>25 Q Do you hold yourself out as an</p>

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1 epidemiologist? If I go to your website, does it
 2 say you're an epidemiologist?
 3 A I don't have a website.
 4 Q If I went to a bio about you, does it say
 5 you're a epidemiologist?
 6 A It says I'm an expert in gynecologic
 7 oncology and in that includes literature on the
 8 epidemiology of gynecologic oncology.
 9 Q How many times have you served as an
 10 ad hoc reviewer?
 11 A Upwards of 20.
 12 Q When was the last time you served as an
 13 ad hoc reviewer?
 14 A Approximately two months ago.
 15 Q What journal?
 16 A Gynecologic Oncology.
 17 Q Were any of the papers that you reviewed
 18 regarding ovarian cancer?
 19 A Over the course of my career?
 20 Q I'm sorry, were any of the papers that
 21 you reviewed as an ad hoc reviewer, did the topic
 22 concern ovarian cancer?
 23 A Right. So for clarification purposes,
 24 you mean over the course of my career?
 25 Q Yes.

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1 A Yes.
 2 Q When was the last time?
 3 A Oh, I don't remember. I review somewhere
 4 around two to three articles a year.
 5 Q Do you know the -- based on you being an
 6 ad hoc reviewer for gynecologic -- well, strike
 7 that.
 8 Have you reviewed abstracts for the
 9 Society for Gynecologic Oncology?
 10 A Yes.
 11 Q When is the last time you did that?
 12 A You mean for the annual meeting itself?
 13 Q Yes.
 14 A I would say, two to three years ago.
 15 Q How many times have you done that kind of
 16 work in general?
 17 A At least three.
 18 Q In that regard, did you ever review any
 19 papers on the topic of ovarian cancer?
 20 A Yes.
 21 Q In that regard, did you review papers or
 22 presentations on the topic of talc and ovarian
 23 cancer?
 24 A No.
 25 Q Attendant to your work as an ad hoc

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1 reviewer for SGO, do you know what their policies
 2 and procedures are for review and acceptance?
 3 MS. CURRY: Object to the form.
 4 THE WITNESS: So I think you're kind of
 5 mixing apples and oranges. When you review for the
 6 annual meeting for SGO, you're not an ad hoc
 7 reviewer. You're somebody that's either volunteered
 8 to review the abstracts for presentation at the
 9 meeting, or you're on the program committee and it's
 10 your responsibility to review those abstracts.
 11 Or you're on the marketing and
 12 communications committee and you're asked to do it
 13 in that role as well.
 14 BY MS. GARBER:
 15 Q And in the three times that you have
 16 served as a reviewer, what was your role for SGO?
 17 A So two of the times, I was invited to
 18 review abstracts and to score them. And one of the
 19 times, I was actually a member of the program
 20 committee that year.
 21 Q The two times that you were invited to
 22 review and score, what were -- what was the nature
 23 of the articles you were reviewing?
 24 A It was the breath and depth of
 25 gynecologic oncology because I reviewed over 300

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1 abstracts for the annual meeting on each of those
 2 occasion.
 3 Q But none of those involved talcum ovarian
 4 cancer?
 5 A Not that I recall.
 6 Q The one additional time, what was the
 7 nature of that one?
 8 A I was on the program committee.
 9 Q What does that entail?
 10 A That entails reviewing all of abstracts,
 11 scoring them, and then going to a venue, if you
 12 will, almost a two to three-day retreat where the
 13 people that are actually on the program committee
 14 decide which abstracts are being accepted, which
 15 will be posters, which will be oral presentations,
 16 and which will be highlighted with reference to
 17 invited speakers.
 18 Q Would you say based on your experience,
 19 it's a rigorous review to be accepted to present at
 20 SGO?
 21 MS. CURRY: Object to the form.
 22 THE WITNESS: In what capacity?
 23 BY MS. GARBER:
 24 Q Scientific capacity.
 25 MS. CURRY: Object to the form.

<p style="text-align: right;">Page 134</p> <p>1 THE WITNESS: So I think that's really</p> <p>2 kind of a gross overgeneralization of the way that</p> <p>3 the meeting occurs. There are different levels of a</p> <p>4 claim, if you will, or scientific accord of the</p> <p>5 abstracts, based on whether or not you're accepted</p> <p>6 for a plenary session presentation versus a breakout</p> <p>7 session versus a poster session.</p> <p>8 And so the scientific acclaim with each</p> <p>9 of those is really in descending order.</p> <p>10 BY MS. GARBER:</p> <p>11 Q Are you familiar with, I'll use the</p> <p>12 phrase, policies and procedures or sort of the</p> <p>13 context in which you would review data for the SGO?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: What do you mean by "data"?</p> <p>16 BY MS. GARBER:</p> <p>17 Q In other words, the review process, say</p> <p>18 were you asked to review and you were invited to</p> <p>19 review and to score data or a presentation. Are you</p> <p>20 familiar with policies and procedures of how that's</p> <p>21 done generally speaking?</p> <p>22 A Well --</p> <p>23 Q In other words, is it five people, is it</p> <p>24 ten people? What level of review is it? Just give</p> <p>25 me a feel for how that process happens.</p>	<p style="text-align: right;">Page 136</p> <p>1 A Other than write the report? I, as we</p> <p>2 discussed earlier, read the Penninkilampi article</p> <p>3 again last evening. I looked up some other articles</p> <p>4 on COX and ovarian cancer. I've read my own report.</p> <p>5 I met with counsel in preparation for</p> <p>6 today. And generally read all the expert reports</p> <p>7 that we talked about, read the depositions that are</p> <p>8 listed in my reference, and re-reviewed the</p> <p>9 literature that is in my report over a long time</p> <p>10 period.</p> <p>11 Q In preparation for today's deposition,</p> <p>12 how many meetings did you have with counsel?</p> <p>13 A Since what time period?</p> <p>14 Q Just in preparation for today's</p> <p>15 deposition as you would understand that question.</p> <p>16 A Do we mean back to when I was first</p> <p>17 retained for this matter or do we mean since my</p> <p>18 report was submitted?</p> <p>19 Q In connection with preparing for today's</p> <p>20 deposition, did you meet with counsel?</p> <p>21 A Specifically for today's deposition, I've</p> <p>22 had one meeting.</p> <p>23 Q How long was that meeting?</p> <p>24 A About two and a half hours.</p> <p>25 Q Who was present?</p>
<p style="text-align: right;">Page 135</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: So I'm only familiar with</p> <p>3 respect to the three times that I did serve as a</p> <p>4 review for the meeting. So to that extent, yes.</p> <p>5 BY MS. GARBER:</p> <p>6 Q To that extent, yes, what?</p> <p>7 A During the three times that I did serve</p> <p>8 as a reviewer for the annual meeting, I'm familiar</p> <p>9 with the policies and procedures.</p> <p>10 Q Okay. And what are these?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: I don't know what the</p> <p>13 current ones are, but because I'm not on the program</p> <p>14 committee this year. But when I did serve, there</p> <p>15 can be many dozen of people that review abstracts,</p> <p>16 but then the ultimate decision amongst the program</p> <p>17 committee as to what makes it to plenary sessions</p> <p>18 versus breakout sessions versus a poster is decided</p> <p>19 by a committee of -- I believe our program committee</p> <p>20 was around 20 people.</p> <p>21 BY MS. GARBER:</p> <p>22 Q Are you planning to go to SGO this year?</p> <p>23 A I was.</p> <p>24 Q What did you do to prepare for today's</p> <p>25 deposition?</p>	<p style="text-align: right;">Page 137</p> <p>1 A Ms. Curry.</p> <p>2 Q Anybody else?</p> <p>3 A No.</p> <p>4 Q Were any lawyers on the phone?</p> <p>5 A No. I was there too obviously.</p> <p>6 Q Did you have any other meetings with</p> <p>7 Ms. Curry or any other lawyers in connection with</p> <p>8 today's deposition, preparing for it specifically?</p> <p>9 A No.</p> <p>10 Q With regard to the documents that you</p> <p>11 reviewed that you've told us about, how many hours</p> <p>12 would you say you've reviewed those?</p> <p>13 A Probably in sum total, somewhere around</p> <p>14 75 to 80 hours.</p> <p>15 Q So between, I thought you said between</p> <p>16 February of '19 and today, you had worked about</p> <p>17 15 hours?</p> <p>18 A Correct.</p> <p>19 Q So how many hours did it take you to</p> <p>20 review the documents that you reference? The</p> <p>21 Penninkilampi and the COX-2 and to re-review your</p> <p>22 report and those types of things, how many hours did</p> <p>23 that take?</p> <p>24 A About two hours.</p> <p>25 Q Other than counsel, have you told me</p>

<p style="text-align: right;">Page 138</p> <p>1 about all conversations that you've had concerning</p> <p>2 this matter? I think it's none, but there aren't</p> <p>3 any other people other than counsel you've discussed</p> <p>4 this case with; is that a true statement?</p> <p>5 A That's a true statement.</p> <p>6 Q I was asking you about internal documents</p> <p>7 earlier, and I want to be sure I understand some of</p> <p>8 your answers.</p> <p>9 Do you harbor any opinions about whether</p> <p>10 or not internal documents are reliable for forming</p> <p>11 the basis of an expert opinion?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: I have no opinion on that.</p> <p>14 I don't believe it's -- I don't believe it's</p> <p>15 important to generating my opinion. I believe that</p> <p>16 my opinion is based on what we discussed before. So</p> <p>17 internal documents don't influence my opinion one</p> <p>18 way or another.</p> <p>19 BY MS. GARBER:</p> <p>20 Q So if you saw a document wherein Johnson</p> <p>21 & Johnson employees were admitting -- I'll just</p> <p>22 throw out a hypothetical -- talc can migrate,</p> <p>23 there's compelling evidence that talc can migrate,</p> <p>24 that wouldn't influence your opinion?</p> <p>25 MS. CURRY: Object to the form.</p>	<p style="text-align: right;">Page 140</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: No.</p> <p>3 BY MS. GARBER:</p> <p>4 Q Are you aware of that?</p> <p>5 A No.</p> <p>6 Q Do I now have the full list of the</p> <p>7 documents that you considered in formulating your</p> <p>8 opinions as referenced in your February 2019 report?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: So I think there may be</p> <p>11 some confusion with respect to the Saed abstract</p> <p>12 that's in my report versus what has been presented</p> <p>13 in -- I should say in a published format as what was</p> <p>14 the meeting that was accepted at -- I'm sorry, the</p> <p>15 abstract that was accepted at a meeting, but then</p> <p>16 later published in the Journal of Reproductive</p> <p>17 Sciences as the abstract that had been presented at</p> <p>18 the meeting.</p> <p>19 During the break, I asked counsel to show</p> <p>20 me the abstract and there seems to be two abstracts</p> <p>21 from Fletcher and Saed that have different topics</p> <p>22 but are from the same meeting.</p> <p>23 So the confusion for me was that I didn't</p> <p>24 realize that they were two. One is referencing the</p> <p>25 CA 125, and I think that's the abstract that was</p>
<p style="text-align: right;">Page 139</p> <p>1 THE WITNESS: I base my opinions on the</p> <p>2 peer-reviewed literature and there is no literature</p> <p>3 that supports that preposition [sic].</p> <p>4 BY MS. GARBER:</p> <p>5 Q There's no literature?</p> <p>6 A Not on the perineum to the ovaries, no.</p> <p>7 Q Do you limit it to that?</p> <p>8 A That's the case that we're discussing,</p> <p>9 that's my review.</p> <p>10 Q So when you say there's no literature</p> <p>11 that supports talc can migrate, you're limiting that</p> <p>12 body of literature from the perineum to the vagina;</p> <p>13 is that true?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: No, I'm qualifying my</p> <p>16 statement that the application of talc from the</p> <p>17 perineum and whether or not it can migrate to the</p> <p>18 ovaries, there's no literature that supports that</p> <p>19 hypothesis.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Okay. We'll get to that shortly.</p> <p>22 Are you aware of circumstances where</p> <p>23 scientists have gained access to internal company</p> <p>24 documents and rely upon those in formulating their</p> <p>25 opinions for scientific publications?</p>	<p style="text-align: right;">Page 141</p> <p>1 listed as to be presented at the meeting in March</p> <p>2 of 2018, but then the actual journal published a</p> <p>3 different abstract.</p> <p>4 So that's wherein the confusion lies.</p> <p>5 BY MS. GARBER:</p> <p>6 Q So are you saying now after lunch break</p> <p>7 and talking to counsel, you need to correct your</p> <p>8 reference list?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: I need -- so the reference</p> <p>11 is correct in the sense that that is what was</p> <p>12 published in the Journal of Reproductive Sciences.</p> <p>13 But the abstract that talks about CA 125 looks to me</p> <p>14 as though it's from the program and it's not the</p> <p>15 same abstract as what was then published in the</p> <p>16 Journal of Reproductive Sciences.</p> <p>17 So, yes, we likely should add that other</p> <p>18 abstract that wasn't in the program.</p> <p>19 BY MS. GARBER:</p> <p>20 Q So you're now saying we need to add</p> <p>21 something to your reference list?</p> <p>22 A Correct. I've seen both of those. It</p> <p>23 wasn't on my list, but I think that's because one</p> <p>24 was in the program, the other was in the journal,</p> <p>25 and they don't match, which means most likely</p>

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1 additional data was added to what was the program
2 aspect when it finally was published in the journal.
3 Q What is the title of the abstract that
4 you say we now need to add to your reference list?
5 MS. CURRY: I actually have a copy of it
6 if that would be helpful, if you want to mark it as
7 an exhibit.
8 MS. GARBER: Sure.
9 MS. CURRY: I'll give you a copy of both
10 of the abstracts that Dr. Saenz just testified
11 about.
12 (C. Saenz Exhibit 9 was marked for
13 identification.)
14 BY MS. GARBER:
15 Q Doctor, I'm going to mark as Exhibit 9,
16 an abstract that --
17 A If you want to give me the marked one --
18 Q Thank you. That counsel just handed me.
19 The first of two documents that counsel just handed
20 me.
21 A Right.
22 Q The first is dated March 10th, 2018, and
23 it's from SRI, 65th annual scientific meeting, and
24 it's titled "Talcum powder enhances cancer antigen
25 125 levels in ovarian cancer cells and in normal

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1 ovarian epithelial cells."
2 Doctor, this is the abstract that was
3 originally reflected on your reference as
4 reference 21; is that correct?
5 MS. CURRY: Object to the form.
6 THE WITNESS: I don't actually think
7 that's correct, ma'am. I think that the second one
8 is actually the one that's listed in my reference
9 list as number 21.
10 This one, Exhibit 9, is the abstract that
11 I believe comes from the program that was to be --
12 that was for the meeting, the 65th annual meeting of
13 SRI, which was on March 10th.
14 But then when the program abstracts were
15 published, the abstract was modified. And that's
16 what ends up in the journal and is my reference 21.
17 MS. GARBER: Okay.
18 THE WITNESS: But I've seen both of
19 these, and that's where my confusion lied, because
20 they're both from the same meeting. It's just that
21 the one that was published in the journal was
22 modified from the one that was published in the
23 meeting program.
24 BY MS. GARBER:
25 Q Doctor, you didn't type yourself, did

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1 you, pages 32 through 42, of your expert report, did
2 you?
3 A I supplied the reference to counsel, but
4 I did not format this list, that's correct.
5 Q Do you have a folder on your computer
6 which reflects the body of literature that you have
7 reviewed in connection with your expert opinions
8 that formulate the reference that you have provided
9 us?
10 A Yes.
11 MS. CURRY: Object to the form.
12 BY MS. GARBER:
13 Q You have not brought with you that body
14 of literature with you today.
15 A It's all on my computer, ma'am.
16 Q It can be downloaded to a jump drive;
17 right?
18 A Potentially, yes.
19 MS. GARBER: Let's mark as Exhibit 10 a
20 document.
21 (C. Saenz Exhibit 10 was marked for
22 identification.)
23 BY MS. GARBER:
24 Q And, Doctor, this would reflect an
25 abstract titled "F-098, talcum powder enhances

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1 oxidative stress in ovarian cancer cells," Nicole
2 Fletcher, Ira Memaj, and Dr. Saed.
3 Is that correct?
4 A That's correct.
5 Q It's your testimony that in connection
6 with your expert report, you had reviewed this
7 abstract?
8 A Yes, ma'am.
9 Q Do you now need to add any other
10 documents to your reference list that we have
11 reviewed today to make it accurate to reflect what
12 you have reviewed in connection with your expert
13 report or expert opinions today?
14 MS. CURRY: Object to the form.
15 THE WITNESS: So with respect to what I
16 have cited in the report, no. Obviously, I've had a
17 very long career and there's literature that I've
18 read that is not in this report or in my reliance
19 list over the course of time, but nothing else that
20 I've referenced to or cited for the purposes of this
21 report, other than my general fount of knowledge.
22 BY MS. GARBER:
23 Q I appreciate that. You understand that
24 I'm entitled to know the literature you considered
25 in formulating your opinions; correct?

<p style="text-align: right;">Page 146</p> <p>1 A Absolutely. Which is why I tried to</p> <p>2 figure out at lunchtime why there was a discrepancy.</p> <p>3 Q Do you have any documentation which</p> <p>4 evidences -- strike that.</p> <p>5 What was your assignment as you</p> <p>6 understood it when you were first retained by the</p> <p>7 MDL lawyers for Johnson & Johnson?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: For this particular matter?</p> <p>10 MS. GARBER: Yes.</p> <p>11 THE WITNESS: To review the literature on</p> <p>12 the topic of perineal application of talc and the</p> <p>13 risk of developing ovarian cancer, to write a report</p> <p>14 on that, as well as on the same evaluation that</p> <p>15 plaintiff's experts made, and to essentially get my</p> <p>16 opinion down on paper.</p> <p>17 BY MS. GARBER:</p> <p>18 Q Were you asked to render a causation</p> <p>19 opinion?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: With respect to whether or</p> <p>22 not talc causes ovarian cancer -- the perineal</p> <p>23 application of talc causes ovarian cancer, I would</p> <p>24 say in the broadest sense; yes.</p> <p>25 ///</p>	<p style="text-align: right;">Page 148</p> <p>1 certainly my hope that we can identify causes of</p> <p>2 ovarian cancer, but I don't think the science is</p> <p>3 there right now.</p> <p>4 BY MS. GARBER:</p> <p>5 Q So you understood that one of the</p> <p>6 questions that you were asked to determine is</p> <p>7 whether talcum powder products can cause ovarian</p> <p>8 cancer; in other words, a general causation opinion.</p> <p>9 Generally speaking, can ovarian -- sorry, can talcum</p> <p>10 powder products cause ovarian cancer?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: Right. So in the broad</p> <p>13 sense of, does -- is hypothesis supported by the</p> <p>14 epidemiology, the mechanistic studies that exist,</p> <p>15 the bio -- the migration theory that's been put</p> <p>16 forth, the patient data, the clinical data that we</p> <p>17 know and that we see, is the hypothesis that</p> <p>18 perineal application of talc can cause ovarian</p> <p>19 cancer, is that substantiated or not.</p> <p>20 BY MS. GARBER:</p> <p>21 Q That's a different question. I just want</p> <p>22 to be sure I know your opinions because I don't</p> <p>23 think it's clear from your report.</p> <p>24 Are you going to give an opinion, and is</p> <p>25 it your opinion, can talcum powder products cause</p>
<p style="text-align: right;">Page 147</p> <p>1 BY MS. GARBER:</p> <p>2 Q Why do you say in the broadest sense?</p> <p>3 What do you mean by that?</p> <p>4 A Well, because I don't believe in any one</p> <p>5 individual woman that we know what causes ovarian</p> <p>6 cancer, and the issue that was put forth to me that</p> <p>7 I was asked to comment on was whether or not the</p> <p>8 hypothesis that perineal application of talc</p> <p>9 increased the risk of ovarian cancer made sense from</p> <p>10 an epidemiologic standpoint, from a biologic</p> <p>11 plausibility standpoint, from a mechanistic</p> <p>12 standpoint. So that's what I mean by in the</p> <p>13 broadest sense.</p> <p>14 BY MS. GARBER:</p> <p>15 Q Are you saying that scientists can</p> <p>16 determine what causes ovarian cancer in women</p> <p>17 generally, but not what caused a given woman's</p> <p>18 ovarian cancer?</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: So I think science is</p> <p>21 trying to determine in the broadest sense what</p> <p>22 causes ovarian cancer, but I think the state of the</p> <p>23 science as it exists right now has only been to</p> <p>24 identify known associated risk factors.</p> <p>25 I think that, as time goes on, it's</p>	<p style="text-align: right;">Page 149</p> <p>1 ovarian cancer -- epithelial ovarian cancer, is that</p> <p>2 your opinion?</p> <p>3 A My opinion --</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 THE WITNESS: -- is that talcum powder</p> <p>6 products cannot cause ovarian cancer.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Is it your opinion that talcum powder</p> <p>9 products are a risk factor for epithelial ovarian</p> <p>10 cancer?</p> <p>11 A It is my opinion that talcum powder</p> <p>12 products are not a risk factor for the development</p> <p>13 of ovarian cancer.</p> <p>14 Q Is it your opinion that asbestos can</p> <p>15 cause ovarian cancer?</p> <p>16 A It --</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: It is my opinion that IARC</p> <p>19 has identified asbestos as causing ovarian cancer in</p> <p>20 women with heavy occupational exposure, but in the</p> <p>21 context of whether or not there is asbestos in the</p> <p>22 talcum powder products, I do not believe that</p> <p>23 asbestos, nor the talcum powder products themselves,</p> <p>24 can cause ovarian cancer.</p> <p>25 ///</p>

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1 BY MS. GARBER:
 2 Q Is it your opinion, Doctor -- I heard all
 3 that. Is it your opinion that asbestos can cause
 4 epithelial ovarian cancer?
 5 MS. CURRY: Object to the form.
 6 THE WITNESS: Independent of IARC's
 7 findings?
 8 BY MS. GARBER:
 9 Q I didn't ask you that. I just want to
 10 know what your opinion is. I don't want you to
 11 qualify it. Just it's a yes-or-no question.
 12 Can asbestos cause epithelial ovarian
 13 cancer?
 14 MS. CURRY: Object to the form, asked and
 15 answered.
 16 THE WITNESS: So I don't think I can
 17 answer it as a yes-or-no question, because I don't
 18 think the literature is clear on that topic.
 19 BY MS. GARBER:
 20 Q Is it your opinion that heavy
 21 occupational use of asbestos can cause ovarian
 22 cancer?
 23 A Same answer. I don't think I can answer
 24 that as a yes-or-no question because I think the
 25 literature on that topic is not entirely clear.

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1 Q That is inconsistent with your prior
 2 testimony, isn't it?
 3 MS. CURRY: Object to the form.
 4 THE WITNESS: I don't believe that it is.
 5 MS. GARBER: Okay. We'll get to that.
 6 BY MS. GARBER:
 7 Q I think -- I think we already identified,
 8 but just let me be sure. You do not have any
 9 opinions as to whether heavy metals can cause
 10 epithelial ovarian cancer; is that true?
 11 A So I have not reviewed the literature on
 12 heavy metals in ovarian cancer, so you are correct.
 13 I'm not giving an opinion on that.
 14 Q You are not giving an opinion on whether
 15 fragrance can cause epithelial ovarian cancer?
 16 A Likewise, I'm not giving an opinion on
 17 that.
 18 Q Is asbestos a risk factor for epithelial
 19 ovarian cancer?
 20 MS. CURRY: Object to the form.
 21 THE WITNESS: So again, based on my
 22 review of the IARC 2012 document, and based on the
 23 literature that I reviewed, including the Langseth
 24 paper, I do not believe that the literature that's
 25 been published to date supports a clear role for

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1 asbestos increasing the risk of ovarian cancer.
 2 BY MS. GARBER:
 3 Q I didn't ask you for a clear role. In
 4 your opinion, is asbestos a risk factor for
 5 epithelial ovarian cancer?
 6 A Again, I don't think that's a yes-or-no
 7 answer, because I think the literature is somewhat
 8 inconsistent on that particular topic.
 9 Q So you don't have that opinion?
 10 MS. CURRY: Object to the form.
 11 THE WITNESS: I don't have an opinion
 12 that it does or that it does not; correct.
 13 BY MS. GARBER:
 14 Q You reviewed some of the plaintiff's
 15 expert purports; correct?
 16 A That's correct.
 17 Q Those are all indicated on your reference
 18 list; correct?
 19 A Yes.
 20 Q Would you agree that there are multiple
 21 epidemiological studies that are cited in those
 22 reports that showed an association between genital
 23 use of talcum powder products and ovarian cancer?
 24 MS. CURRY: Object to the form.
 25 THE WITNESS: I would agree that some of

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1 the experts' reports cite to different epidemiologic
 2 literature. Some of that is demonstrating a weak
 3 association with the use of perineal talc in the
 4 development of ovarian cancer, in particular, in the
 5 case control studies, but there's also other
 6 literature that does not demonstrate such an
 7 association.
 8 BY MS. GARBER:
 9 Q How do you define weak, as you used it?
 10 A Weak would be an odds ratio of less than
 11 two. For this literature in particular, the odds
 12 ratio tends to be in the range of 1.2 to 1.4.
 13 Q Are you saying a weak odds ratio is
 14 anything less than 2.0, the point estimate?
 15 MS. CURRY: Object to the form.
 16 THE WITNESS: I'm saying that the odds
 17 ratios that have been shown in the literature on the
 18 case control studies are in the range of 1.2 to 1.4.
 19 It's not a strong association.
 20 BY MS. GARBER:
 21 Q I'm trying to get your definition of what
 22 you mean by weak association. How do you define
 23 that?
 24 A I define weak as something that is above
 25 one, but lower than two, and that the strength of

<p style="text-align: right;">Page 154</p> <p>1 the association is such that the results of the</p> <p>2 study could still be due to random chance, recall</p> <p>3 bias, or confounds within the study.</p> <p>4 Q If you look at a body of literature and</p> <p>5 it's greater than one, and statistically</p> <p>6 significant, but does not approach a point estimate</p> <p>7 of 2.0, you deem that weak literature?</p> <p>8 MS. CURRY: Objection.</p> <p>9 THE WITNESS: No, I would deem that weak</p> <p>10 statistical association, a weak odds ratio. Not</p> <p>11 weak literature, that's not what I said.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Okay. You deem that a weak association?</p> <p>14 A Correct.</p> <p>15 Q And what published peer review study,</p> <p>16 article, text, or treatise do you have that supports</p> <p>17 that statement?</p> <p>18 A So off the top of my head, I can't</p> <p>19 necessarily recall one specific. This is something</p> <p>20 that I've just been taught over the years in</p> <p>21 reviewing epidemiologic literature that you don't</p> <p>22 just look at one thing, i.e., the odds ratio, and</p> <p>23 say, whether or not that proves causation.</p> <p>24 There has to be other things that would</p> <p>25 support the contention of the hypothesis that would</p>	<p style="text-align: right;">Page 156</p> <p>1 epidemiologic textbook in my recollection right now.</p> <p>2 Q I didn't ask you for a textbook. I asked</p> <p>3 you for any source, and you can't name one, can you?</p> <p>4 A As we sit here today, ma'am, I cannot</p> <p>5 recall one for you.</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Do you believe that the plaintiff expert</p> <p>9 reports that you reviewed discussed biologically</p> <p>10 plausible mechanisms of carcinogenicity based on the</p> <p>11 scientific data that they reviewed?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Whether or not you agree with it, do you</p> <p>15 agree that plaintiff's expert reports discuss</p> <p>16 biologically plausible mechanisms of carcinogenicity</p> <p>17 that were based on scientific data that they</p> <p>18 reviewed?</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: Which reports specifically</p> <p>21 are we talking about?</p> <p>22 BY MS. GARBER:</p> <p>23 Q Any of them that you reviewed.</p> <p>24 MS. CURRY: Object to the form.</p> <p>25 THE WITNESS: The various reports had</p>
<p style="text-align: right;">Page 155</p> <p>1 allow you to evaluate whether or not that odds risk</p> <p>2 is impactful, meaningful, but just simply looking at</p> <p>3 the odds ratio is not enough.</p> <p>4 Q Dr. Saenz, point me to one source that</p> <p>5 says that you need a 2.0 point estimate or the study</p> <p>6 data is weak. Just point me to one, just one</p> <p>7 source.</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 MS. GARBER: That says that.</p> <p>10 THE WITNESS: So I actually think that</p> <p>11 within the context of one of the IARC monographs</p> <p>12 they talk about this, the statistical calculations</p> <p>13 for some of the different risk factors, especially</p> <p>14 with talc and the development of ovarian cancer.</p> <p>15 And it's weak, and I believe their term is weak. I</p> <p>16 believe that IARC uses the term weak when we talk</p> <p>17 about statistical associations and odd ratios of 1.2</p> <p>18 and 1.3.</p> <p>19 BY MS. GARBER:</p> <p>20 Q That's not way asked you, did I? What</p> <p>21 did I ask you?</p> <p>22 A I believe that's what you asked you.</p> <p>23 Q Didn't I ask you for a source that says</p> <p>24 that anything below a 2.0 is deemed to be weak?</p> <p>25 A So I don't off the top of my head have an</p>	<p style="text-align: right;">Page 157</p> <p>1 different discussion of different things. So</p> <p>2 without seeing a specific report in front of me, I</p> <p>3 can't assign a name to that topic matter.</p> <p>4 BY MS. GARBER:</p> <p>5 Q How about the gynecologic oncologist</p> <p>6 experts of plaintiffs that you reviewed, did each of</p> <p>7 them discuss biologically plausible mechanisms of</p> <p>8 carcinogenicity based on scientific data that they</p> <p>9 reviewed?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: I do know that one or two</p> <p>12 or perhaps all three of them did. I just don't know</p> <p>13 specifically which ones did. I do believe that they</p> <p>14 had a discussion of biologic plausibility, which I</p> <p>15 disagreed with.</p> <p>16 BY MS. GARBER:</p> <p>17 Q While I know that you disagree with</p> <p>18 plaintiff's experts' causation opinions, do you</p> <p>19 acknowledge that their opinions were based on</p> <p>20 informed scientific medical judgment?</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: No.</p> <p>23 MS. GARBER: Are you laughing,</p> <p>24 Ms. Sharko? That seems very unprofessional to me.</p> <p>25 MS. SHARKO: Well, I think your question</p>

<p style="text-align: right;">Page 158</p> <p>1 is totally misleading and very unprofessional, and 2 I'm trying to honor your request that only one 3 lawyer object. But it's really unclear to me 4 whether you're asking her about the content or 5 whether she agrees with them. 6 MS. GARBER: Well -- 7 MS. SHARKO: I think -- 8 MS. GARBER: -- all I heard was a laugh 9 of my question and I don't think in all my years of 10 taking depositions I've ever had defense counsel 11 laugh out loud at one of my questions. So that's a 12 first for me, so I appreciate that. 13 MS. SHARKO: Well, I think -- 14 MS. GARBER: Go ahead, Dr. Saenz -- 15 MS. SHARKO: -- the record will reflect 16 that you are totally exaggerating what I did. But, 17 go ahead with what you're doing, if that's what you 18 want to do. 19 BY MS. GARBER: 20 Q Dr. Saenz, while you do not agree with 21 plaintiff's experts' causation opinions, do you 22 acknowledge that their opinions were based on 23 informed scientific medical judgment? 24 MS. CURRY: Object to the form. 25 THE WITNESS: So, no, actually. I think</p>	<p style="text-align: right;">Page 160</p> <p>1 MS. CURRY: Object to the form. 2 THE WITNESS: I believe all three of them 3 are uninformed. 4 BY MS. GARBER: 5 Q All three who? 6 A Drs. Wolf, Blair Smith, and 7 Clarke-Pearson. 8 Q Why were all three of those plaintiff's 9 experts' opinions uninformed? 10 A Because they all concluded that perineal 11 application of talc causes ovarian cancer. 12 Q Did they base their opinions on a review 13 of published literature which included 14 epidemiological and mechanistic data? 15 MS. CURRY: Object to the form. 16 THE WITNESS: Not always. 17 BY MS. GARBER: 18 Q Did Dr. Wolf, Blair Smith, and can I call 19 Dr. CP -- Dr. Clarke-Pearson, CP, Dr. CP for short? 20 A No, you have to call him DCP. That's 21 what we call him. 22 Q So DCP. Did they base their opinions on 23 medical judgment? 24 MS. CURRY: Object to the form. 25 THE WITNESS: Not always.</p>
<p style="text-align: right;">Page 159</p> <p>1 there's very little evidence for what they put forth 2 as biologic plausibility. I think a lot of your 3 experts' reports were conjecture, hypothesis without 4 any scientific basis. 5 BY MS. GARBER: 6 Q Do you think their opinions were 7 uninformed? 8 MS. CURRY: Object to the form. 9 THE WITNESS: I think their opinions were 10 wrong. 11 BY MS. GARBER: 12 Q That's very different question. You 13 disagree. They're wrong. But were they uninformed? 14 MS. CURRY: Object to the form. 15 THE WITNESS: I think that their opinions 16 were uninformed. I don't think that they based on 17 their opinions on the literature as published, 18 because I think that had they actually read the 19 literature and analyzed it in the manner that I 20 have, they would come to the same conclusion that I 21 have. 22 BY MS. GARBER: 23 Q Tell me which experts' you believe 24 opinions were uninformed and the reason they were 25 uninformed.</p>	<p style="text-align: right;">Page 161</p> <p>1 BY MS. GARBER: 2 Q What basis do you have to say they didn't 3 base their opinions on medical judgment? 4 A I read their reports and I read their 5 depositions and there were times that what they 6 stated in their reports and their depositions was 7 unsupported by medical judgment. 8 Q Which specifically are you thinking of 9 when you say that? 10 A I would need to see the reports or 11 actually look at my reports and I could tell you 12 where I reference and critique what they said in 13 their reports. 14 Q And so that's what I want to get to. 15 Your critique of those three plaintiff experts are 16 limited to what is referenced in your expert report; 17 is that fair? 18 A No. Also in their depositions as well. 19 Q We'll get to that, but as you sit here, 20 what criticisms do you have of Dr. Wolf aside from 21 what you have referenced in your expert report? 22 MS. CURRY: Object to the form. Do you 23 have a copy of her deposition transcript and her 24 report? 25 ///</p>

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<p style="text-align: right;">Page 162</p> <p>1 BY MS. GARBER:</p> <p>2 Q Go ahead, Doctor, do you understand my</p> <p>3 question?</p> <p>4 A I can't just give you something broadly.</p> <p>5 I've done a lot of reading for my preparation to be</p> <p>6 here and I don't want to misquote her. So I would</p> <p>7 need to look at the actual report or deposition in</p> <p>8 order to make sure that I'm giving you a complete</p> <p>9 reference of -- just basically comprehensive review</p> <p>10 of what my critiques are.</p> <p>11 Q And, Doctor, does anything come to mind?</p> <p>12 A Other than what I've already referenced</p> <p>13 in my report, additional findings, not off the top</p> <p>14 of my head, ma'am. I would need to see the</p> <p>15 documents.</p> <p>16 Q What about Dr. Smith?</p> <p>17 A Same thing.</p> <p>18 Q What about doctor -- DCP?</p> <p>19 A Same thing.</p> <p>20 Q And you understand that this is my</p> <p>21 opportunity to get all of your opinions and</p> <p>22 criticisms and bases for those opinions; correct?</p> <p>23 A I understand that.</p> <p>24 Q And you know I have seven hours. So for</p> <p>25 me to sit and watch you read a deposition would be</p>	<p style="text-align: right;">Page 164</p> <p>1 A Yes.</p> <p>2 Q What are the circumstances?</p> <p>3 A What are the circumstances?</p> <p>4 Q Uh-huh. How do you know him personally?</p> <p>5 A We're both gynecologic oncologists. I</p> <p>6 believe that I have served -- I don't know exactly</p> <p>7 when. I think I actually might have been on the</p> <p>8 program committee when he was president of SGO. I</p> <p>9 think that he and I have done some work together for</p> <p>10 the Foundation for Women's Cancer as well. I think</p> <p>11 we might have served on the board at the same time.</p> <p>12 I don't have an exact recollection, but I think</p> <p>13 that's quite possible.</p> <p>14 Q Does he enjoy an excellent professional</p> <p>15 reputation?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: I believe so.</p> <p>18 BY MS. GARBER:</p> <p>19 Q Do you respect him?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: Not with respect to this</p> <p>22 matter, ma'am.</p> <p>23 BY MS. GARBER:</p> <p>24 Q You respected him before you got involved</p> <p>25 in this talc case?</p>
<p style="text-align: right;">Page 163</p> <p>1 wholly unfair of each of those witnesses; right?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: So my position, ma'am, is</p> <p>4 that you want me to give you a comprehensive honest</p> <p>5 answer and in order to do that, I would need the</p> <p>6 document in front of me.</p> <p>7 BY MS. GARBER:</p> <p>8 Q But you can't think of any other</p> <p>9 criticisms as you sit here today?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 MS. GARBER: Correct?</p> <p>12 THE WITNESS: Off the top of my head,</p> <p>13 ma'am, no.</p> <p>14 BY MS. GARBER:</p> <p>15 Q So before you read Dr. Wolf's expert</p> <p>16 report and deposition, did you know her</p> <p>17 professionally?</p> <p>18 A No.</p> <p>19 Q Had you ever heard of her?</p> <p>20 A No.</p> <p>21 Q And what about Dr. Smith?</p> <p>22 A No.</p> <p>23 Q And obviously you knew DCP?</p> <p>24 A Correct.</p> <p>25 Q And you know him professionally?</p>	<p style="text-align: right;">Page 165</p> <p>1 A I still respect him as an individual. I</p> <p>2 don't respect his opinion with respect to talc in</p> <p>3 the development of ovarian cancer.</p> <p>4 Q Doctors can look at the same evidence and</p> <p>5 come to different medical judgments, can't they?</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: I don't believe that's</p> <p>8 true, ma'am. I believe that anybody that has gone</p> <p>9 as thorough analysis of this literature and looked</p> <p>10 at all of the considerations would not draw any</p> <p>11 conclusion other than the conclusion that I have</p> <p>12 drawn.</p> <p>13 BY MS. GARBER:</p> <p>14 Q What is the purpose of a second medical</p> <p>15 opinion then?</p> <p>16 A What is the purpose of a second medical</p> <p>17 opinion?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: It varies. Sometimes</p> <p>20 patients want to know that what their doctor is</p> <p>21 saying is accurate and true. Other times, patients</p> <p>22 maybe don't hit it off personality-wise with a</p> <p>23 certain practitioner and so they want to establish</p> <p>24 care with someone else.</p> <p>25 ///</p>

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1 BY MS. GARBER:
2 Q And sometimes they seek a second medical
3 opinion because two doctors can look at the same set
4 of evidence and come to different conclusions;
5 correct?

6 MS. CURRY: Object to the form.

7 THE WITNESS: I don't actually think
8 that's why you see a second opinion. I think you
9 see a second opinion to make sure that you're
10 exploring all possible alternatives.

11 BY MS. GARBER:

12 Q Do you think expert witnesses can weigh
13 evidence differently?

14 MS. CURRY: Object to the form.

15 THE WITNESS: Can you define for me what
16 you mean by "weigh"?

17 BY MS. GARBER:

18 Q Sure. Did you weigh the evidence in your
19 expert report? I didn't see where you had done
20 that.

21 MS. CURRY: Object to the form.

22 THE WITNESS: Again, can you --

23 BY MS. GARBER:

24 Q Did you weigh it in your mind?

25 MS. CURRY: Object to the form.

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1 THE WITNESS: What do you mean by
2 "weigh"?

3 BY MS. GARBER:

4 Q So if you looked at say the cohort
5 studies versus the case control studies, did you
6 weigh the case control less heavily than you weighed
7 the cohort studies?

8 Did you put any more emphasis on one type
9 of evidence as opposed to another?

10 A So I wouldn't use the word weigh. I do
11 believe that the cohort studies have more scientific
12 credibility than the case control studies because
13 the case control studies are subject to more biases
14 and potential confounds than the cohort studies.

15 Q You didn't perform a weight of the
16 evidence analysis in your expert report, did you?

17 A No, I did not.

18 Q Coming to a different conclusion doesn't
19 mean the methodology is flawed or improper, does it?

20 MS. CURRY: Object to the form.

21 THE WITNESS: So in this particular
22 matter I believe that it is. I believe that in this
23 particular matter, if you've reviewed all of the
24 literature, looked at the data that is actually
25 available from a biologic plausibility standpoint,

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1 from a mechanistic standpoint, and not hypothesized
2 about things that don't actually exist, there is
3 only one conclusion that can be drawn.

4 BY MS. GARBER:

5 Q There are scientific bodies that have
6 concluded that talc can cause ovarian cancer; true?

7 MS. CURRY: Object to the form.

8 THE WITNESS: I don't believe that that's
9 true.

10 BY MS. GARBER:

11 Q You don't?

12 A No, I don't.

13 Q You don't think Health Canada has come to
14 that conclusion?

15 A No, I absolutely don't. That's a draft
16 screening and I don't believe that they have come to
17 the conclusion that talc applied in the perineum can
18 cause ovarian cancer.

19 Q Do you believe that IARC has concluded
20 that talc is a possible carcinogen?

21 A IARC has classified talc in the perineal
22 application as Group 2B, which is possibly
23 carcinogenic. That's not saying that talc causes
24 ovarian cancer.

25 Q You disagree with that assessment?

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1 A No, I disagree with your statement that
2 that says that talc is causing ovarian cancer.

3 Q Well, you disagree with IARC's 2012
4 assessment of asbestos in fibrous talc. Do you
5 disagree with IARC's 2010 and 2006 assessment of
6 non-asbestiform talc?

7 MS. CURRY: Object to the form, misstates
8 prior testimony.

9 THE WITNESS: I don't agree that talc
10 causes ovarian cancer. So -- and I do believe that
11 there's more literature that has become available
12 since IARC did its analysis. So yeah, I don't think
13 that ovarian cancer even is possibly caused by
14 perineal application of talc.

15 BY MS. GARBER:

16 Q So you think IARC is wrong with regard to
17 non-asbestiform talc?

18 A I think IARC is wrong. Talc does not
19 possibly lead to ovarian cancer. I think IARC is
20 wrong.

21 Q Has talc been shown to be safe?

22 MS. CURRY: Object to the form.

23 THE WITNESS: Has talc been shown to be
24 safe in what context?

25 ///

<p style="text-align: right;">Page 170</p> <p>1 BY MS. GARBER:</p> <p>2 Q In not causing ovarian cancer.</p> <p>3 A I don't know how you would prove a</p> <p>4 negative hypothesis, ma'am.</p> <p>5 Q Can you think of any data that has shown</p> <p>6 that talc is safe?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: In terms of causing ovarian</p> <p>9 cancer?</p> <p>10 MS. GARBER: We'll start there.</p> <p>11 THE WITNESS: I don't believe that any</p> <p>12 such literature exists.</p> <p>13 BY MS. GARBER:</p> <p>14 Q On page eight of your expert report --</p> <p>15 A I'm sorry, what page?</p> <p>16 Q Page eight.</p> <p>17 A Okay.</p> <p>18 Q Which is Exhibit 5. It seems to indicate</p> <p>19 that your opinion is the scientific evidence does</p> <p>20 not support a causal role in the development of</p> <p>21 ovarian cancer with the application of talcum powder</p> <p>22 products applied to the genital region.</p> <p>23 Is that a fair assessment of your report</p> <p>24 on that page?</p> <p>25 MS. CURRY: You're reading -- I'm just</p>	<p style="text-align: right;">Page 172</p> <p>1 Q Is that still your opinion?</p> <p>2 A That is still my opinion.</p> <p>3 Q And in coming to that opinion as stated</p> <p>4 in your report, you did not review the totality of</p> <p>5 relevant literature, did you?</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: I don't believe that's</p> <p>8 correct.</p> <p>9 BY MS. GARBER:</p> <p>10 Q Are the articles cited in the four</p> <p>11 corners of your report given any more weight than</p> <p>12 the articles that are not cited there?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: So everything that I've</p> <p>15 read, everything that I've evaluated is in my</p> <p>16 report. If there's a particular article that you're</p> <p>17 referencing to that you think I've left out, I'd be</p> <p>18 happy to look at it right now.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Do you think in coming to a causation</p> <p>21 opinion, it's important to review the totality of</p> <p>22 the relevant evidence as to the topic?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: I believe that I have</p> <p>25 reviewed a very comprehensive breadth and depth of</p>
<p style="text-align: right;">Page 171</p> <p>1 trying to follow along with you.</p> <p>2 MS. GARBER: Under the genital</p> <p>3 application of talc and risk factor of ovarian</p> <p>4 cancer overview.</p> <p>5 BY MS. GARBER:</p> <p>6 Q Is it your opinion that the scientific</p> <p>7 evidence does not support a causal role in the</p> <p>8 development of ovarian cancer with the application</p> <p>9 of talc to the perineal region?</p> <p>10 Does your report say that?</p> <p>11 A Are we referring something specific --</p> <p>12 Q Yeah, your report, your report, Doctor.</p> <p>13 A Can you refer me, ma'am, to exactly where</p> <p>14 you're reading or are we doing a general statement?</p> <p>15 Q In the first paragraph under the heading</p> <p>16 I just read.</p> <p>17 A Okay.</p> <p>18 Q Is that your opinion?</p> <p>19 A Which sentence are we starting with?</p> <p>20 Q The second sentence.</p> <p>21 A Okay. So I write, "despite many years of</p> <p>22 research on this topic, the scientific evidence does</p> <p>23 not support a causal role in the development of</p> <p>24 ovarian cancer, with application of talc to the</p> <p>25 perineal region." Right.</p>	<p style="text-align: right;">Page 173</p> <p>1 the literature that is available on this topic.</p> <p>2 BY MS. GARBER:</p> <p>3 Q And in looking at the topic of whether or</p> <p>4 not an exposure can cause cancer, I like to call</p> <p>5 them little -- different buckets of evidence.</p> <p>6 So would you agree that in looking at</p> <p>7 that assessment, it would be important to look at</p> <p>8 the human epidemiological literature?</p> <p>9 A Yes, and I have.</p> <p>10 Q And the totality of that literature;</p> <p>11 correct?</p> <p>12 A Yes, and I have.</p> <p>13 Q And it would be important to look at the</p> <p>14 mechanistic data or the biologically plausible</p> <p>15 mechanisms by which that agent or exposure could</p> <p>16 cause cancer; correct?</p> <p>17 A Yes, and I have. And the hypothesis here</p> <p>18 is that chronic inflammation from the talc is</p> <p>19 leading to the development of ovarian cancer, and</p> <p>20 I've looked at that literature and I don't believe</p> <p>21 that that is supported.</p> <p>22 Q You believe that you've looked at the</p> <p>23 full body of the literature that speaks to the issue</p> <p>24 of talc and inflammation in its role in causing</p> <p>25 cancer, you believe you've looked at that full body</p>

<p style="text-align: right;">Page 174</p> <p>1 of the literature?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: In its role in causing</p> <p>4 ovarian cancer; yes.</p> <p>5 BY MS. GARBER:</p> <p>6 Q And do you believe that you've looked at</p> <p>7 the full body of the literature that shows the</p> <p>8 mechanistic ways in which inflammation can cause</p> <p>9 ovarian cancer?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 BY MS. GARBER:</p> <p>12 Q In other words, the pathways in which</p> <p>13 inflammation can cause ovarian cancer?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: I believe that I've</p> <p>16 thoroughly reviewed the hypothesis that chronic</p> <p>17 inflammation can cause ovarian cancer or lead to the</p> <p>18 development of ovarian cancer and I don't believe</p> <p>19 that it is substantiated by the published</p> <p>20 literature.</p> <p>21 BY MS. GARBER:</p> <p>22 Q Let's talk about oxidative stress.</p> <p>23 A Okay.</p> <p>24 Q Is oxidative stress thought to be a</p> <p>25 mechanism by which an agent or in general can result</p>	<p style="text-align: right;">Page 176</p> <p>1 A Dr. Saed's 2019 paper is in his report</p> <p>2 and I have reviewed his report. Dr. Saed does not</p> <p>3 ever demonstrate that generation of oxidative</p> <p>4 species leads to malignant transformation.</p> <p>5 Q That's based on not reviewing his actual</p> <p>6 published paper, but rather his expert report in</p> <p>7 this case?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 MS. GARBER: Correct?</p> <p>10 THE WITNESS: Ma'am, his expert report is</p> <p>11 what he's putting forth for his opinion to say that</p> <p>12 this exists. I've read his expert report. There is</p> <p>13 generation of oxidative stress responses. There is</p> <p>14 no data that that leads to malignant transformation.</p> <p>15 BY MS. GARBER:</p> <p>16 Q Have you read the Shukla 2009 paper?</p> <p>17 A No, I have not.</p> <p>18 Q So you would have no basis to know</p> <p>19 whether or not those papers provided mechanistic</p> <p>20 data as to the connection between talc and ovarian</p> <p>21 cancer or other forms of paper, because you've never</p> <p>22 read them, right?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: There's no data, ma'am, in</p> <p>25 the published literature that demonstrates that the</p>
<p style="text-align: right;">Page 175</p> <p>1 in cancer, just speaking broad picture?</p> <p>2 A Speaking --</p> <p>3 MS. CURRY: Object to the form.</p> <p>4 THE WITNESS: Speaking broad picture,</p> <p>5 oxidative stress can be a response to any particular</p> <p>6 stressful situation. Inflammation is a generalized</p> <p>7 process that's not necessarily carcinogenic.</p> <p>8 BY MS. GARBER:</p> <p>9 Q But oxidative stress is a mechanism</p> <p>10 that's understood in the medical community; correct?</p> <p>11 A Yes.</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: But not in the sense of</p> <p>14 oxidative stress leading to malignant transformation</p> <p>15 in ovarian cancer. There is no literature that</p> <p>16 supports that.</p> <p>17 BY MS. GARBER:</p> <p>18 Q There's no literature at all?</p> <p>19 A There's no literature that supports</p> <p>20 mutagenicity as a result of the generation of</p> <p>21 oxidative species in ovarian cancer.</p> <p>22 Q Have you reviewed the Buz'Zard paper?</p> <p>23 A No, I've not reviewed that paper.</p> <p>24 Q Have you -- and you haven't reviewed</p> <p>25 Dr. Saed's 2019 paper, have you?</p>	<p style="text-align: right;">Page 177</p> <p>1 generation of oxidative stress, reactive oxygen</p> <p>2 species or nitrogen species leads to malignant</p> <p>3 transformation.</p> <p>4 BY MS. GARBER:</p> <p>5 Q That's not my question. Have you read</p> <p>6 the -- no, strike that.</p> <p>7 You have not read the Shukla 2009 paper;</p> <p>8 correct?</p> <p>9 A Correct.</p> <p>10 Q You have not read the Buz'Zard 2007</p> <p>11 paper; correct?</p> <p>12 A Correct.</p> <p>13 Q And you have not read the Saed 2019</p> <p>14 published paper; correct?</p> <p>15 A Ma'am, this Saed 2019 paper is in his</p> <p>16 report. So the content of that paper I have read.</p> <p>17 There is no generation of malignant cells in that</p> <p>18 report.</p> <p>19 MS. GARBER: Motion to strike as</p> <p>20 nonresponsive.</p> <p>21 BY MS. GARBER:</p> <p>22 Q I just need a yes-or-no question [sic.].</p> <p>23 A It's not a yes-or-no answer.</p> <p>24 Q Have you read the paper or not?</p> <p>25 MS. CURRY: Object to the form.</p>

<p style="text-align: right;">Page 178</p> <p>1 THE WITNESS: I've read his report. His</p> <p>2 report details his paper.</p> <p>3 MS. GARBER: We'll get to his paper.</p> <p>4 BY MS. GARBER:</p> <p>5 Q Doctor, you have not considered the</p> <p>6 Shukla, Saed 2019 paper, or the Buz'Zard 2007 paper</p> <p>7 in connection with your opinions; is that a true</p> <p>8 statement?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: No, that's incorrect.</p> <p>11 BY MS. GARBER:</p> <p>12 Q Because the Saed paper was contained</p> <p>13 within his expert report, that's your testimony?</p> <p>14 A That is my testimony.</p> <p>15 Q Do you know what the findings were of the</p> <p>16 Buz'Zard paper?</p> <p>17 A No, ma'am.</p> <p>18 Q Do you know what the findings were of the</p> <p>19 Shukla paper?</p> <p>20 A I have a vague sense, just based on</p> <p>21 reading other expert reports, that both of those</p> <p>22 papers involved inflammation, but I also have a</p> <p>23 vague sense that neither of those papers involved</p> <p>24 malignant transformation. But I've not read either</p> <p>25 of those reports.</p>	<p style="text-align: right;">Page 180</p> <p>1 Q Did you ask for that testing from defense</p> <p>2 counsel?</p> <p>3 A I did not.</p> <p>4 Q Why not?</p> <p>5 A Because I don't believe that it is</p> <p>6 germane to my opinion, which based on what we've</p> <p>7 already talked about before.</p> <p>8 Q You don't need to know whether or not</p> <p>9 asbestos is contained in Johnson & Johnson's baby</p> <p>10 powder products?</p> <p>11 A I don't, because if baby powder contained</p> <p>12 asbestos or not is irrelevant to the fact that the</p> <p>13 literature does not support that perineal</p> <p>14 application of talc leads to an increased risk of</p> <p>15 developing ovarian cancer.</p> <p>16 Q Why do you think the United States</p> <p>17 government is so interested to know if Johnson &</p> <p>18 Johnson's baby powder products contain asbestos? Do</p> <p>19 you think they want to know that because it doesn't</p> <p>20 matter?</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: I don't think that has</p> <p>23 anything to do with the scientific medical question</p> <p>24 that we're dealing with right here right now, ma'am.</p> <p>25 ///</p>
<p style="text-align: right;">Page 179</p> <p>1 Q What was your basis for your vague</p> <p>2 recollection of those papers?</p> <p>3 A Reading other expert reports, including</p> <p>4 Dr. Saed's report, including some of the other</p> <p>5 expert reports for plaintiff's side that reference</p> <p>6 those papers.</p> <p>7 Q So we're here in a case wherein experts</p> <p>8 have said that talcum powder products can cause</p> <p>9 ovarian cancer, a very lethal cancer, and you are</p> <p>10 aware of literature, and you're telling me you did</p> <p>11 not review that literature.</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: What I'm telling you,</p> <p>14 ma'am, is that there is no literature that</p> <p>15 demonstrates malignant transformation. So have I</p> <p>16 read every single paper ever published on anything?</p> <p>17 No. But I do know that there is no published</p> <p>18 literature that demonstrates that talc leads to</p> <p>19 malignant transformation in ovarian cells.</p> <p>20 BY MS. GARBER:</p> <p>21 Q In reading the other expert reports, did</p> <p>22 you review or read about Dr. Longo's testing for</p> <p>23 talcum powder products and asbestos content?</p> <p>24 A I did see other experts make mention of</p> <p>25 that report.</p>	<p style="text-align: right;">Page 181</p> <p>1 BY MS. GARBER:</p> <p>2 Q Doctor, in your report, you fail to</p> <p>3 address or discuss the poor study designs and</p> <p>4 limitations of the cohort studies, don't you?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: I don't think I failed to</p> <p>7 evaluate any of the studies that are in my report.</p> <p>8 BY MS. GARBER:</p> <p>9 Q Do you discuss the study of limitations</p> <p>10 in the cohort studies?</p> <p>11 A I don't discuss the limitations that are</p> <p>12 in the cohort studies because the authors do that</p> <p>13 themselves in their discussion sections.</p> <p>14 Q Don't you think it's important to</p> <p>15 consider what the author says is the limitations of</p> <p>16 those data in formulating your opinion?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: I did consider it. I</p> <p>19 considered it when I read the paper and that's what</p> <p>20 allowed me to formulate my opinions.</p> <p>21 BY MS. GARBER:</p> <p>22 Q In formulating your opinions, are they</p> <p>23 based on fact that you believe the cohort studies do</p> <p>24 not show an association between genital talcum</p> <p>25 powder use and epithelial ovarian cancer?</p>

<p style="text-align: right;">Page 182</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: That's part of the data</p> <p>3 that I used to formulate my opinions.</p> <p>4 BY MS. GARBER:</p> <p>5 Q In formulating your opinions, I didn't</p> <p>6 see any analysis in your report addressing the</p> <p>7 opinions of the Health Canada assessment; is that</p> <p>8 true?</p> <p>9 A So I believe that the Health Canada</p> <p>10 assessment is primarily based off of the Taher</p> <p>11 publishing -- actually, I take that back. The Taher</p> <p>12 manuscript, because Taher has not been published.</p> <p>13 And so I don't know whether or not that actually</p> <p>14 will be published; it's not something that's peer</p> <p>15 reviewed.</p> <p>16 And the Health Canada assessment as I</p> <p>17 understand it is a draft. That's not necessarily</p> <p>18 published peer-reviewed literature either. So</p> <p>19 although I read it and I read Taher, I did not put</p> <p>20 it into my analysis, because I don't think it adds</p> <p>21 anything to the discussion that is already</p> <p>22 incorporated in my report.</p> <p>23 Q If both of those papers were peer</p> <p>24 reviewed and published -- I know that the Health</p> <p>25 Canada wouldn't be peer reviewed and published, but</p>	<p style="text-align: right;">Page 184</p> <p>1 you?</p> <p>2 A As a separate paragraph? No, I don't</p> <p>3 have a methodology section as a separate paragraph,</p> <p>4 but the details of the analysis that I did are</p> <p>5 certainly in the four corners of the report.</p> <p>6 Q Doctor, nowhere in your expert report do</p> <p>7 you even utilize the word "methodology," do you?</p> <p>8 A I don't know that's necessarily true.</p> <p>9 Q Doctor, isn't the point of stating what</p> <p>10 your causation methodology is, so that your opinions</p> <p>11 can be reproduced?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: So every single paper that</p> <p>14 I read, every single opinion that I had, why I came</p> <p>15 to the conclusions that I came to, is all in the</p> <p>16 body of the report.</p> <p>17 BY MS. GARBER:</p> <p>18 Q It is?</p> <p>19 A Yes, it is.</p> <p>20 Q Okay. Can you point to me with regard to</p> <p>21 the literature about how particulates have been</p> <p>22 shown to translocate to reach the ovary?</p> <p>23 Can you show me where you are discussing</p> <p>24 every one of those literature, your conclusions</p> <p>25 about those literature, and why you concluded the</p>
<p style="text-align: right;">Page 183</p> <p>1 if it was a final draft and it made the exact same</p> <p>2 conclusions and the Taher paper made the exact same</p> <p>3 conclusions, would that change your expert opinion</p> <p>4 in this case?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: No, because I actually</p> <p>7 don't think Taher adds anything to the analysis.</p> <p>8 It's much the same data that was in Berge and in</p> <p>9 Penninkilampi.</p> <p>10 BY MS. GARBER:</p> <p>11 Q In your critique of -- is it true,</p> <p>12 Doctor, that in the four corners of your expert</p> <p>13 report you do not state anywhere the methodology</p> <p>14 that you employed in coming to your causation</p> <p>15 opinion?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: So I don't think I</p> <p>18 necessarily had a paragraph that says exactly what I</p> <p>19 did, but I certainly think the breadth and depth of</p> <p>20 the literature I reviewed and the detailed analysis</p> <p>21 of all the literature I reviewed is contained within</p> <p>22 the details of my report.</p> <p>23 BY MS. GARBER:</p> <p>24 Q In the four corners of your expert</p> <p>25 report, you don't have a methodology section, do</p>	<p style="text-align: right;">Page 185</p> <p>1 way you did with regard to those literature?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: Page 28. "The vagina is</p> <p>4 not the perineum, and no studies have ever shown</p> <p>5 that something placed onto the perineum can migrate</p> <p>6 to the ovaries. While plaintiffs' experts discuss</p> <p>7 in their reports that the female reproductive tract</p> <p>8 is open to the external environment, there is not a</p> <p>9 single study that traces something from the vulva to</p> <p>10 the ovaries. Some of plaintiffs' experts rely on</p> <p>11 the study by Drs. Egli and Newton published in 1961</p> <p>12 to support the hypothesis that talc can migrate from</p> <p>13 the perineum to the ovaries."</p> <p>14 I then go on to describe in great detail</p> <p>15 the context of that study and the conditions under</p> <p>16 which it was held. And then I say why I've</p> <p>17 concluded what I concluded.</p> <p>18 BY MS. GARBER:</p> <p>19 Q One study?</p> <p>20 A Ma'am --</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: -- you asked me to point</p> <p>23 out one place, so I did it.</p> <p>24 BY MS. GARBER:</p> <p>25 Q Okay. But I think what you told me,</p>

<p style="text-align: right;">Page 186</p> <p>1 Doctor, is that you reviewed the full body of the</p> <p>2 literature and then you analyzed it in your report.</p> <p>3 And I don't see that being done. I see you maybe</p> <p>4 talking about one study or another. I don't see you</p> <p>5 analyzing the data in your report --</p> <p>6 A Okay. So --</p> <p>7 Q -- or providing methodology for the way</p> <p>8 you do it.</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: Then I think you're missing</p> <p>11 the context of the report because my report is quite</p> <p>12 extensive. I also reference in my reference list</p> <p>13 the Vantor article which talks about migration of</p> <p>14 particulate radioactive tracer from the vagina to</p> <p>15 the peritoneal cavity and the ovaries.</p> <p>16 So, ma'am, it's there. It's throughout</p> <p>17 the report.</p> <p>18 BY MS. GARBER:</p> <p>19 Q Doctor, can you turn to me in your report</p> <p>20 and tell me where I can read the methodology that</p> <p>21 you employed in coming to your causation opinions?</p> <p>22 MS. CURRY: Object to the form.</p> <p>23 THE WITNESS: Ma'am, you already asked me</p> <p>24 whether or not I have a section on methodology, and</p> <p>25 I told you that I don't have a specific paragraph</p>	<p style="text-align: right;">Page 188</p> <p>1 BY MS. GARBER:</p> <p>2 Q In your critique of plaintiffs' expert's</p> <p>3 opinions, you don't provide your methodology in</p> <p>4 coming to those opinions, do you?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: Ma'am, I just read you a</p> <p>7 section that was from the critique of one of</p> <p>8 plaintiff expert's opinions where I showed you. I</p> <p>9 read an article where it talks about migration of</p> <p>10 particles. I explained the context of that article,</p> <p>11 the conditions under which that study was held, and</p> <p>12 why I, therefore, dispute and disagree with your</p> <p>13 expert.</p> <p>14 That is a thorough explanation of how I</p> <p>15 came to the conclusion that I came to and why I'm</p> <p>16 critical of your expert.</p> <p>17 BY MS. GARBER:</p> <p>18 Q Is that the extent of your methodology?</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: Throughout my report,</p> <p>21 ma'am, I'm very thorough in supporting the</p> <p>22 conclusions that I have come to.</p> <p>23 BY MS. GARBER:</p> <p>24 Q Dr. Saenz, can you -- strike that.</p> <p>25 Can you name any causation methodologies</p>
<p style="text-align: right;">Page 187</p> <p>1 titled that. But I do have a demonstration of the</p> <p>2 extent of research that I went through in terms of</p> <p>3 analyzing studies, comparing the known literature to</p> <p>4 what we know based on medical and scientific fact,</p> <p>5 and explaining how I came to the opinions that I</p> <p>6 came to.</p> <p>7 MS. GARBER: Motion to strike as</p> <p>8 nonresponsive.</p> <p>9 BY MS. GARBER:</p> <p>10 Q Doctor, can you please point me to the</p> <p>11 place in your report where you provide for me the</p> <p>12 methodology that you employed in coming to your</p> <p>13 expert opinions?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: Ma'am, I already answered</p> <p>16 this for you.</p> <p>17 BY MS. GARBER:</p> <p>18 Q That was your answer?</p> <p>19 A Yes, ma'am.</p> <p>20 Q In other words, you can't point me to an</p> <p>21 area in your report where you provide the</p> <p>22 methodology, can you?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: Ma'am, I already told you,</p> <p>25 I don't have a specific section titled methodology.</p>	<p style="text-align: right;">Page 189</p> <p>1 that have been peer reviewed and published as a</p> <p>2 scientifically accepted methodology for rendering a</p> <p>3 causation opinion?</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 THE WITNESS: I don't really understand</p> <p>6 what you mean.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Can you think of any peer-reviewed</p> <p>9 methodology that's used by scientists to render</p> <p>10 causation opinions?</p> <p>11 MS. CURRY: Same objection.</p> <p>12 THE WITNESS: So throughout plaintiffs'</p> <p>13 expert's reports, they talk about the Bradford Hill</p> <p>14 criteria and looking at things such as the</p> <p>15 literature, the epidemiologic literature, whether or</p> <p>16 not it supports that, the mechanistic studies,</p> <p>17 biologic plausibility, strength of association,</p> <p>18 consistency in the literature.</p> <p>19 So I do believe that that as a system, if</p> <p>20 you will, is a methodology for trying to define</p> <p>21 causation.</p> <p>22 BY MS. GARBER:</p> <p>23 Q And your understanding is that's peer</p> <p>24 reviewed; correct?</p> <p>25 A I don't necessarily know that Bradford</p>

<p style="text-align: right;">Page 190</p> <p>1 Hill criteria per se was peer reviewed because I've 2 not actually seen the publication. But I do think 3 that is well accepted in the medical and scientific 4 community as criteria by which causation can be 5 evaluated. 6 Q You didn't apply the Bradford Hill in 7 your analysis in coming to your causation opinions 8 in this case, did you? 9 MS. CURRY: Object to the form. 10 THE WITNESS: Oh, I disagree with that 11 completely. I didn't sit there and outline the 12 Bradford Hill criteria by the nine criteria that are 13 listed in the original proposition. However, my 14 analysis itself is the way that I've always analyzed 15 certain questions in looking at it. So the actual 16 concepts of strength of association, consistency in 17 the data, biologic plausibility, that's all there. 18 That's all in my report. 19 So I didn't title it perhaps the way that 20 you wanted me to title it, but the crux of it is all 21 there in my report. 22 BY MS. GARBER: 23 Q Did you think I wanted you to do it in a 24 certain way? 25 A Well, I think --</p>	<p style="text-align: right;">Page 192</p> <p>1 somewhere in your expert report? 2 MS. CURRY: Object to the form. 3 THE WITNESS: So my report is a total 4 report. There are places in there that I absolutely 5 talk about the strength of the association. I 6 absolutely talk about consistency. I absolutely 7 talk about biologic plausibility. I absolutely talk 8 about the mechanisms. 9 So the report is something that's to be 10 accepted in total. It's not like there's one page 11 to pull out and say, oh, this is that. 12 BY MS. GARBER: 13 Q You had me reference or you turned -- 14 strike that. 15 With regard to migration of talc, you had 16 me turn to page 17. Do you remember that? 17 MS. CURRY: Object to the form. 18 THE WITNESS: I don't actually think 19 that's the page I had you turn to. 20 BY MS. GARBER: 21 Q Strike that. Doctor, in your expert 22 report, you discuss migration of talc from the 23 perineum to the ovaries at pages 17 and 18; is that 24 correct? 25 MS. CURRY: Object to the form.</p>
<p style="text-align: right;">Page 191</p> <p>1 MS. CURRY: Object to the form. 2 THE WITNESS: -- there's certain things 3 that you clearly have wanted me to do in a certain 4 way that has come up a couple times now when we've 5 talked about the methodology. So in terms of how 6 I've gone about analyzing this problem, I've 7 analyzed it the same way people go about a Bradford 8 Hill analysis. I just haven't titled it that way. 9 BY MS. GARBER: 10 Q You think that you have shown the reader 11 in the four corners of your expert report a Bradford 12 Hill analysis of the data in coming to your 13 causation opinions? 14 A Absolutely. 15 Q And how am I to find that within the four 16 corners of your report? Where can I find that 17 Bradford Hill analysis? 18 MS. CURRY: Object to the form. 19 THE WITNESS: Read the report. It's 20 throughout the report. 21 BY MS. GARBER: 22 Q So I just have to read the report and 23 figure out where you're talking about the 24 association and whether or not you think it's weak 25 or strong or adequate? I just have to find that</p>	<p style="text-align: right;">Page 193</p> <p>1 THE WITNESS: The topic of this section 2 is titled "Migration of Talc from the Perineum to 3 the Ovaries"; correct. 4 BY MS. GARBER: 5 Q That appears at page -- at half of the 6 page on 17 and a full page at 18; correct? 7 A Yes. 8 Q And, Doctor, in that part of your report, 9 you fail to acknowledge the data in the 10 peer-reviewed and published author statements 11 regarding biologically plausible mechanisms for 12 talcum powder products' migration and its 13 carcinogenicity, don't you? 14 MS. CURRY: Object to the form. 15 THE WITNESS: No, there is no data from 16 migration from the perineum to the ovaries. 17 BY MS. GARBER: 18 Q Are you saying, and are you contending 19 that there is no published data in the peer-reviewed 20 literature which indicates that talc can migrate? 21 A I'm saying there's no data in the 22 peer-reviewed literature that can show that talc can 23 migrate from the perineum to the ovaries. 24 Q Doctor, you're aware that there are many 25 epidemiological studies that have indicated that</p>

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1 talc can migrate from the genitals and reach the
 2 ovaries, you're aware of those data; right?
 3 MS. CURRY: Object to the form.
 4 THE WITNESS: No, there are no data that
 5 show that.
 6 MS. GARBER: I'm out of the stickers.
 7 THE REPORTER: Would you like to go off
 8 the record while I print them up?
 9 MS. GARBER: Sure.
 10 THE VIDEOGRAPHER: The time is now 2:09.
 11 Going off the record.
 12 (Break in the deposition taken at 2:11 p.m.)
 13 0o0
 14 (The deposition resumed at 2:11 p.m.)
 15 0o0
 16 THE VIDEOGRAPHER: The time is now 2:10.
 17 Back on the record.
 18 (C. Saenz Exhibit 11 was marked for
 19 identification.)
 20 BY MS. GARBER:
 21 Q Doctor, I'm handing to you what is a
 22 document that we've marked as Exhibit 11, which is
 23 titled "Biologic Plausibility Migration
 24 Translocation."
 25 Doctor, I will represent to you this is a

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1 document that I created. I will represent to you
 2 these are quotes from the published literature with
 3 regard to talc and ovarian cancer.
 4 Doctor, just -- I don't expect you to
 5 read every single one of these, but do you have a
 6 single one of these citations in the four corners of
 7 your report?
 8 MS. CURRY: I'm going to object to the
 9 use of this document as it's literally pulled out
 10 one sentences, sometimes not even full sentences of
 11 a variety of different articles without the expert
 12 witness having the opportunity to actually look at
 13 the totality of the article, say, that --
 14 MS. GARBER: I appreciate all that
 15 testimony, Ms. Curry.
 16 THE WITNESS: I'm sorry, what's your
 17 question?
 18 BY MS. GARBER:
 19 Q Do you have a single one of these quotes
 20 from the published literature in your expert report?
 21 MS. CURRY: And I object to the form of
 22 the question.
 23 THE WITNESS: The quotes that you
 24 yourself pulled and put on this document?
 25 MS. GARBER: Yes.

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1 THE WITNESS: No, because none of these
 2 quotes is actually scientific proof that talc can
 3 migrate from the perineum to the ovaries.
 4 BY MS. GARBER:
 5 Q Doctor, you understand that the authors
 6 of these published -- these cited publications in
 7 Exhibit 11 are statements that were pulled from the
 8 peer-reviewed, published literature of these study
 9 authors?
 10 Do you understand that?
 11 A I understand --
 12 MS. CURRY: Object to the form.
 13 THE WITNESS: I understand that, and not
 14 a single one of these is actually demonstrating
 15 proof that talc applied to the perineum can migrate
 16 to the ovaries. Not a single one.
 17 In fact, these are described as
 18 plausibility. These are described as particles up
 19 here. This is not scientific evidence, ma'am. This
 20 is your listing pulling one sentences out of
 21 articles without documented scientific proof of the
 22 migration path from the perineum to the ovaries.
 23 BY MS. GARBER:
 24 Q So, Doctor, do you see the title of the
 25 this document, as "Biologic Plausibility." Do you

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1 see that?
 2 A That's your title.
 3 Q Yes. Do you know what that means?
 4 A Yes, I do.
 5 Q What?
 6 A That there is the hypothesis of how this
 7 might actually happen from a biologic standpoint.
 8 But there isn't a single scientific article that has
 9 actually ever traced a migratory path of talc from
 10 the perineum to the ovaries, not a single one, and
 11 you putting a listing here of these different
 12 sentences saying, well, this article says it could
 13 happen doesn't make it so.
 14 Q Doctor, you've used the word "proof"
 15 there a couple of times. Is it your understanding
 16 for biologic plausibility that you need proof?
 17 MS. CURRY: Object to the form.
 18 BY MS. GARBER:
 19 Q Or that it's a plausible mechanism?
 20 A My understanding --
 21 MS. CURRY: Object to the form.
 22 THE WITNESS: My understanding in this
 23 particular case is that there has to be some proof
 24 that a particulate matter applied to the perineum
 25 can actually make it to the ovaries for the

<p style="text-align: right;">Page 198</p> <p>1 hypothesis that talc can cause ovarian cancer to be</p> <p>2 so.</p> <p>3 BY MS. GARBER:</p> <p>4 Q That's your understanding of biologic</p> <p>5 plausibility?</p> <p>6 A In this particular circumstance; yes.</p> <p>7 Q What is your understanding of biologic</p> <p>8 plausibility in the context of the Bradford Hill</p> <p>9 guidelines?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: My understanding is that</p> <p>12 there has to be biologic evidence that what you're</p> <p>13 hypothesizing could actually happen. It doesn't</p> <p>14 have to be that you have to prove that talc itself</p> <p>15 could migrate, but there's no studies of any</p> <p>16 migration whatsoever in the human that any</p> <p>17 particulate matter applied to the perineum can make</p> <p>18 it all the way to the ovaries.</p> <p>19 So it doesn't have to be talc, but it has</p> <p>20 to show that something can actually make it from the</p> <p>21 perineum to the ovaries.</p> <p>22 BY MS. GARBER:</p> <p>23 Q Let's mark as Exhibit 12 -- Doctor, the</p> <p>24 point I was trying to make with this Exhibit 11 is</p> <p>25 this: There are peer-reviewed, published papers</p>	<p style="text-align: right;">Page 200</p> <p>1 THE WITNESS: Some of the case control</p> <p>2 studies have shown a weak increased odds ratio for</p> <p>3 the development of ovarian cancer with the perineal</p> <p>4 application of talc.</p> <p>5 BY MS. GARBER:</p> <p>6 Q Some of the meta-analysis, or is it, in</p> <p>7 fact, all of the meta-analysis, which shows an</p> <p>8 association between genital talc and the development</p> <p>9 of epithelial ovarian cancer?</p> <p>10 A So the meta --</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: -- the meta-analyses that</p> <p>13 have been done only show that when they look at the</p> <p>14 case control studies. They don't show that when</p> <p>15 they look at the cohort studies.</p> <p>16 BY MS. GARBER:</p> <p>17 Q Okay. Some of the epidemiological data</p> <p>18 that shows an association between genital</p> <p>19 application of talc and the development of</p> <p>20 epithelial ovarian cancer also report that it's</p> <p>21 biologically plausible that talc can reach the</p> <p>22 ovaries from the genitals, don't they?</p> <p>23 A No.</p> <p>24 MS. CURRY: Object to the form.</p> <p>25 THE WITNESS: It doesn't. They suppose</p>
<p style="text-align: right;">Page 199</p> <p>1 where the authors concluded that talc can migrate,</p> <p>2 that it's a biologically plausible mechanism that</p> <p>3 talc with migrate.</p> <p>4 Do you disagree with that?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: I disagree with the concept</p> <p>7 that's saying that if it migrates from the vagina to</p> <p>8 the ovaries, it's the same as migrating from the</p> <p>9 perineum to the ovaries.</p> <p>10 BY MS. GARBER:</p> <p>11 Q That wasn't my question.</p> <p>12 A But it is, ma'am, because you didn't</p> <p>13 qualify. You're just saying talc can migrate,</p> <p>14 period. That's not the same thing. What we're</p> <p>15 talking about here is whether or not we're including</p> <p>16 the entire female anatomy, and we have to do that.</p> <p>17 Having a study show that something can be</p> <p>18 in the vagina and make it to the ovaries is not the</p> <p>19 same thing as going from the perineum to the</p> <p>20 ovaries.</p> <p>21 Q Let's talk about the epi. The epi</p> <p>22 studies show that talc applied to the genitals is</p> <p>23 associated with epithelial ovarian cancer in some of</p> <p>24 the studies. You'll agree to that; right?</p> <p>25 MS. CURRY: Object to the form.</p>	<p style="text-align: right;">Page 201</p> <p>1 that. They don't actually show that.</p> <p>2 BY MS. GARBER:</p> <p>3 Q But that's the authors' conclusions, that</p> <p>4 it can get there. They think it's biologically</p> <p>5 plausible?</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: But there's no data for</p> <p>8 that. They can conclude that, but there's no data</p> <p>9 for that. There has to be data for which to support</p> <p>10 that hypothesis. And there's not.</p> <p>11 BY MS. GARBER:</p> <p>12 Q Doctor, in the peer-review process, a</p> <p>13 study author who is looking at the data of genital</p> <p>14 application of talc and development of ovarian</p> <p>15 cancer is saying it's biologically plausible that</p> <p>16 talc can go from the genitals to the ovaries, and</p> <p>17 that's been peer reviewed and published, do you</p> <p>18 agree with that?</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: I don't agree with that</p> <p>21 statement.</p> <p>22 BY MS GARBER:</p> <p>23 Q No, I know you don't agree with the --</p> <p>24 with the conclusion. But do you agree that a study</p> <p>25 author who studied the topic has concluded it's</p>

<p style="text-align: right;">Page 202</p> <p>1 biologically plausible.</p> <p>2 A There's always evidence, and in fact --</p> <p>3 Q Doctor, it's a yes-or-no question --</p> <p>4 A No, it's not, ma'am.</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 MS. SHARKO: Please let her finish her --</p> <p>7 THE WITNESS: It's a very complicated</p> <p>8 issue.</p> <p>9 BY MS. GARBER:</p> <p>10 Q My question is --</p> <p>11 A It's not a yes-or-no answer. And IARC</p> <p>12 even says that it's not entirely clear that talc can</p> <p>13 migrate from the perineum. The data on that is</p> <p>14 weak.</p> <p>15 MS. GARBER: Objection. Motion to strike</p> <p>16 as nonresponsive.</p> <p>17 By MS. GARBER:</p> <p>18 Q Doctor --</p> <p>19 A Ma'am, I'm trying to answer you</p> <p>20 comprehensively, and I'm not going to give you a</p> <p>21 yes-or-no answer to something that's a complicated</p> <p>22 issue.</p> <p>23 Q I just need to know if, in your review of</p> <p>24 the epidemiological literature, the study authors</p> <p>25 have concluded that it's biologically plausible that</p>	<p style="text-align: right;">Page 204</p> <p>1 0o0</p> <p>2 (The deposition resumed at 2:37 p.m.)</p> <p>3 0o0</p> <p>4 THE VIDEOGRAPHER: Time is now 2:36.</p> <p>5 Back on the record.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Doctor, you cited to the Langseth paper</p> <p>8 2008 in your expert report; correct?</p> <p>9 A Correct.</p> <p>10 Q But you didn't cite to or address the</p> <p>11 statements that were made in that paper with regard</p> <p>12 to the issue of the biologically plausible mechanism</p> <p>13 by which talc can migrate to the ovaries, did you?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: Can you show me exactly</p> <p>16 what you're talking about.</p> <p>17 BY MS GARBER:</p> <p>18 Q I can.</p> <p>19 (C. Saenz Exhibit 12 was marked for</p> <p>20 identification.)</p> <p>21 BY MS. GARBER:</p> <p>22 Q Doctor, I've marked as Exhibit 12 the</p> <p>23 Langseth 2008 paper titled "Perineal Use of Talc and</p> <p>24 Risk of Ovarian Cancer."</p> <p>25 You have read that paper, have you not?</p>
<p style="text-align: right;">Page 203</p> <p>1 talc can migrate from the genitals to the ovaries.</p> <p>2 Have they said that in the studies? I know you</p> <p>3 disagree with it. But has that been peer reviewed</p> <p>4 and published?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: No one has concluded that</p> <p>7 because there's no data for that. They have offered</p> <p>8 it as a hypothesis, but nobody has come to that</p> <p>9 conclusion, because there's no data.</p> <p>10 BY MS. GARBER:</p> <p>11 Q The study authors have indicated that</p> <p>12 it's biologically plausible that talc can migrate</p> <p>13 from the genitals to the ovaries; true or false?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: Some of the study authors</p> <p>16 have supposed that it's possible. None of them have</p> <p>17 shown that it actually happens.</p> <p>18 MS. SHARKO: Is this a good time for a</p> <p>19 break?</p> <p>20 MS. GARBER: Do you want to take a break</p> <p>21 now?</p> <p>22 MS. CURRY: Yes, that would be great.</p> <p>23 THE VIDEOGRAPHER: The time is now 2:19.</p> <p>24 We're going off the record.</p> <p>25 (Break in the deposition taken at 2:20 p.m.)</p>	<p style="text-align: right;">Page 205</p> <p>1 A Yes, I have.</p> <p>2 Q And, Doctor, on the front page of this</p> <p>3 paper in the left-hand column about halfway down, do</p> <p>4 you see where it starts from the pathological</p> <p>5 studies?</p> <p>6 A "From pathological studies, it is known</p> <p>7 that particles and fibers that enter the body can</p> <p>8 migrate to distant organs."</p> <p>9 Q Can you keep reading?</p> <p>10 A "For instance, asbestos fibers have been</p> <p>11 found in ovaries from women exposed to asbestos.</p> <p>12 Analogously, following perineal application, talc</p> <p>13 particles can migrate from the vagina to the</p> <p>14 peritoneal cavity and ovaries."</p> <p>15 Q And you disagree with that?</p> <p>16 A I do.</p> <p>17 Q And you know that --</p> <p>18 A May I explain why, ma'am?</p> <p>19 Q No, no. It's --</p> <p>20 A Well, but you asked me a question.</p> <p>21 Q Doctor, I asked you a question, and I'll</p> <p>22 ask you another. Doctor --</p> <p>23 A That cites the Vantor article which is</p> <p>24 reference six which actually does not put talc on</p> <p>25 the perineum.</p>

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<p>1 Q Doctor --</p> <p>2 A It's in the vagina.</p> <p>3 Q Doctor --</p> <p>4 MS. GARBER: Motion to strike as</p> <p>5 nonresponsive.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Doctor, this paper is peer reviewed,</p> <p>8 correct?</p> <p>9 A Yes.</p> <p>10 Q And published?</p> <p>11 A Yes.</p> <p>12 Q Including those statements you just read.</p> <p>13 A Which are misstatements from the actual</p> <p>14 original publication.</p> <p>15 Q So the authors from IARC, some of the</p> <p>16 authors from IARC who published this paper got it</p> <p>17 wrong in your opinion?</p> <p>18 A Got it --</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: Got it wrong in that</p> <p>21 statement because that's not what Ventor article</p> <p>22 shows.</p> <p>23 BY MS. GARBER:</p> <p>24 Q Okay. You also read the Ness -- you also</p> <p>25 read -- or you also reference the Ness 2000 paper in</p>	<p>1 tract inflammation such as talc can travel up an</p> <p>2 open genital tract, but with tubal ligation or</p> <p>3 hysterectomy, that pathway is cut off, thereby</p> <p>4 reducing the risk of environmentally mediated</p> <p>5 inflammation."</p> <p>6 Q Do you also disagree with this</p> <p>7 peer-review author?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: On what, on that sentence?</p> <p>10 MS. GARBER: Yes.</p> <p>11 THE WITNESS: That sentence says nothing</p> <p>12 about the perineum. So I don't disagree with that</p> <p>13 sentence because it could be something that's in the</p> <p>14 vagina.</p> <p>15 BY MS. GARBER:</p> <p>16 Q Okay. So is it your opinion that talc</p> <p>17 can migrate from the vagina to the ovaries, but when</p> <p>18 it's placed at the perineum, it cannot travel</p> <p>19 through the perineum into the vagina up the female</p> <p>20 tract to the ovaries?</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: So my opinion is that</p> <p>23 there's never been a study that's looked at the</p> <p>24 travel of particulate matter from the perineum to</p> <p>25 the ovaries.</p>
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<p>1 your expert report; did you not?</p> <p>2 A Yes, I do.</p> <p>3 Q When I say reference, I mean it's on your</p> <p>4 reference list; correct?</p> <p>5 A And I cite it in my paper.</p> <p>6 (C. Saenz Exhibit 13 was marked for</p> <p>7 identification.)</p> <p>8 BY MS. GARBER:</p> <p>9 Q I will hand you that paper. I've marked</p> <p>10 that as Exhibit 13.</p> <p>11 MS. SHARKO: What is Exhibit 13?</p> <p>12 MS. GARBER: The paper is titled "Factors</p> <p>13 Related to Inflammation of Ovarian Epithelium and</p> <p>14 Risk of Ovarian Cancer."</p> <p>15 BY MS. GARBER:</p> <p>16 Q Did I read that correctly?</p> <p>17 A Yes.</p> <p>18 Q Doctor, if you turn over to page 116, in</p> <p>19 the left-hand column, first full paragraph, could</p> <p>20 you read, could you read for me the last sentence.</p> <p>21 A I'm sorry, where?</p> <p>22 Q Left-hand column, first full paragraph --</p> <p>23 A Yes.</p> <p>24 Q -- last sentence.</p> <p>25 A "Substances that may cause lower genital</p>	<p>1 But when we're talking about biologic</p> <p>2 plausibility, there have been studies that have</p> <p>3 shown that some particulate matter placed into the</p> <p>4 vagina under certain experimental conditions can</p> <p>5 migrate to the ovaries.</p> <p>6 BY MS. GARBER:</p> <p>7 Q So is it your opinion that talc can</p> <p>8 migrate from the vagina up to the ovaries?</p> <p>9 A I don't know one way or another, but I do</p> <p>10 think that in terms of biologic plausibility, there</p> <p>11 is some data that there can be particulate matter</p> <p>12 that can make it to the ovaries, but I don't</p> <p>13 actually know one way or another if talc can do</p> <p>14 that.</p> <p>15 Q Does the literature support a</p> <p>16 biologically plausible mechanism that talc once in</p> <p>17 the vagina can reach the fallopian tubes and</p> <p>18 ovaries?</p> <p>19 MS. CURRY: Object to the form.</p> <p>20 THE WITNESS: I would say only under</p> <p>21 certain controlled situations such as the literature</p> <p>22 that I cited in my report where a slurry of</p> <p>23 particles, be they carbon particles or albumin</p> <p>24 microspheres were placed into the posterior vagina.</p> <p>25 The women were placed into Trendelenburg.</p>

<p style="text-align: right;">Page 210</p> <p>1 In the Egli study, they were given</p> <p>2 oxytocin injections to incite uterine contractions,</p> <p>3 so under those particular experimental</p> <p>4 circumstances, there has been demonstration of</p> <p>5 particulate matter in a slurry making it to the</p> <p>6 ovaries. But outside of that context, there is no</p> <p>7 literature.</p> <p>8 BY MS. GARBER:</p> <p>9 Q So those data don't have -- cannot be</p> <p>10 properly extrapolated to the human experience in</p> <p>11 your opinion?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: What human experience?</p> <p>14 BY MS. GARBER:</p> <p>15 Q Well, if talc is going to migrate from</p> <p>16 the vagina to the ovaries, does a woman need to be</p> <p>17 in Trendelenburg position?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: So there's no data without</p> <p>20 that, for any particulate matter, so I can only</p> <p>21 speak to what has actually been published in the</p> <p>22 peer-reviewed literature, and those are the</p> <p>23 experimental conditions under which particulate</p> <p>24 matter has been shown to be found in the ovaries</p> <p>25 after placement in the vagina.</p>	<p style="text-align: right;">Page 212</p> <p>1 Q You didn't think you wanted to go look at</p> <p>2 that study or the FDA's banned and figure out why?</p> <p>3 A No.</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 BY MS. GARBER:</p> <p>6 Q Weren't curious?</p> <p>7 A No, ma'am, because again it's not</p> <p>8 perineal application.</p> <p>9 Q Okay. So I think I understand your</p> <p>10 opinions. If talc were in the vagina and the woman</p> <p>11 was under the circumstances of exogenous oxytocin in</p> <p>12 a Trendelenburg position, it may be the case that</p> <p>13 talc could get there.</p> <p>14 Is that the limitations of your opinion?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: So when we're talking about</p> <p>17 biologic plausibility --</p> <p>18 MS. CURRY: I'm sorry, it's highly</p> <p>19 distracting, Ms. Thompson, when you're making</p> <p>20 gestures and faces and speaking to other co-counsel</p> <p>21 when a question is pending and the witness is trying</p> <p>22 to focus and --</p> <p>23 MS. THOMPSON: Okay, I apologize. I</p> <p>24 didn't realize that was -- could be overheard. At</p> <p>25 least I wasn't laughing.</p>
<p style="text-align: right;">Page 211</p> <p>1 BY MS. GARBER:</p> <p>2 Q Have you read the Sjosten paper?</p> <p>3 A The -- I'm sorry, which one?</p> <p>4 Q S-J-O-S-T-E-N, with regard to starch</p> <p>5 particulate on gloves following a vaginal</p> <p>6 examination?</p> <p>7 A No, I've seen that referenced in some of</p> <p>8 the expert reports, but that's a different</p> <p>9 circumstance where my understanding is that gloves</p> <p>10 were used for a pelvic exam and then they looked</p> <p>11 for, I believe it was, cornstarch.</p> <p>12 Q You understand that the FDA has banned</p> <p>13 powdered gloves based on properties of inflammation</p> <p>14 and toxicity to the female genital tract following</p> <p>15 exam. You're aware of those data, aren't you?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: So I've not seen the FDA</p> <p>18 report. I don't know that it was actually toxicity,</p> <p>19 the word that you've chosen to use. I do know that</p> <p>20 we no longer have powder on surgical gloves.</p> <p>21 BY MS. GARBER:</p> <p>22 Q I asked you about that in your deposition</p> <p>23 before. Do you remember that? You hadn't seen</p> <p>24 those? Don't remember that?</p> <p>25 A Sounds like I'm still answering the same.</p>	<p style="text-align: right;">Page 213</p> <p>1 MS. CURRY: Smirking is very similar, but</p> <p>2 in any event, it's very distracting.</p> <p>3 THE WITNESS: When we're talking about</p> <p>4 biologic plausibility, I would apply the science</p> <p>5 that is known in terms of trying to demonstrate</p> <p>6 whether or not there is biologic plausibility. And</p> <p>7 the only studies that exist in humans are studies</p> <p>8 where the particulate matter arises in the vagina</p> <p>9 under those circumstances.</p> <p>10 So in that circumstance, because of that,</p> <p>11 I cannot say that talc does get to the ovaries that</p> <p>12 way, but I would say that it's biologically</p> <p>13 plausible in those circumstances.</p> <p>14 BY MS. GARBER:</p> <p>15 Q You haven't seen the Zervomanolakis paper</p> <p>16 on -- with regard to mechanisms by which particulate</p> <p>17 can travel, have you?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: From where to where?</p> <p>20 BY MS. GARBER:</p> <p>21 Q Are you aware of that? It's not a paper</p> <p>22 that you've cited. Are you aware of that paper by</p> <p>23 study author?</p> <p>24 A No, ma'am.</p> <p>25 Q Okay. We've already established, you</p>

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1 haven't seen the Sjosten paper; that's correct?

2 A The paper --

3 MS. CURRY: Object to the form.

4 THE WITNESS: -- itself, no, but I've

5 seen where it's been referenced, and I believe I

6 understand the crux of that study.

7 BY MS. GARBER:

8 Q Have you seen the Koontz paper? Do you

9 know that paper?

10 A No, ma'am.

11 Q Have you looked at Ventor 1981, ma'am?

12 A Yes, ma'am, it's on my reference list.

13 Q Have you seen Whittemore, 1988, what that

14 author says about migration?

15 A Yes, ma'am, it's on my reference list.

16 Q Okay. All right. So Dr. Ness concludes

17 in her 2000 paper that the female genital tract is

18 open; correct?

19 A What page are we on?

20 Q On the last page that I just had you

21 read, 116.

22 A Where are we, ma'am?

23 Q At the top of the paragraph you just

24 read. Beginning with the sentence, "Substances."

25 A Right, I disagree with her, ma'am, and

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1 she also doesn't cite a single reference for that

2 supposition.

3 Q Did you cite a single reference when you

4 said the female genital tract was closed?

5 MS. CURRY: Object to the form.

6 THE WITNESS: I talk about the female

7 anatomy, ma'am.

8 BY MS. GARBER:

9 Q Did you cite a single reference when you

10 said the female genital tract is not an open

11 conduit?

12 A It's the anatomy. I'm a gynecologic

13 oncologist. I understand the anatomy.

14 Q So that's your opinion, that's Cheryl

15 Saenz's opinion?

16 A No.

17 MS. CURRY: Object to the form.

18 THE WITNESS: It's the female anatomy.

19 BY MS. GARBER:

20 Q Doctor, when I took your deposition, did

21 you tell me that there was an open pathway --

22 MS. CURRY: Object to the form.

23 MS. GARBER: -- in the female genital

24 tract?

25 THE WITNESS: From where to where?

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1 BY MS. GARBER:

2 Q Let's look at your testimony. It's now

3 your opinion that it's not an open conduit --

4 A No.

5 Q -- the female genital tract; right?

6 MS. CURRY: Object to the form.

7 THE WITNESS: Not from the perineum to

8 the ovaries.

9 BY MS. GARBER:

10 Q That's not what your report says, does

11 it? Let's go to what your report says.

12 At the bottom of page 17, your report

13 indicates, "But the vagina is not the perineum and

14 the female genital tract is not an open conduit,

15 despite Drs. Clark, Pearson, and Smith-Bindman's

16 contrary contentions in their depositions?"

17 A Exactly.

18 Q So it's your opinion that the female

19 genital tract is not an open system or tract;

20 correct?

21 A From the --

22 MS. CURRY: Object to the form.

23 THE WITNESS: -- outside, from the

24 perineum, which is very different than from the

25 vagina.

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1 BY MS. GARBER:

2 Q Is it an open system once you get into

3 the vagina to the ovaries?

4 A There is a way that you can pass up

5 through the cervix once something is in the vagina.

6 But as an external genitalia stands in a woman, it's

7 not an open pathway.

8 This is why we need to put a speculum in

9 somebody's vagina in order to see into the vagina.

10 You can't see into the vagina just from looking at

11 the perineum. You have to separate the labia

12 majora, minora, you have to put in a speculum, and

13 you have to open it. It's not wide open from the

14 external genitalia to the ovaries.

15 Q Doctor, I'm going to hand you your

16 deposition testimony from the Echeverria case, and I

17 will show it to you. But the question I asked you

18 is, is the female genital tract an open pathway from

19 the vagina to the peritoneal space.

20 And your answer was: "In a woman that

21 has not had a hysterectomy or a tubal ligation,

22 there's a pathway of ascension."

23 Is that still your opinion, Doctor?

24 A Yeah, that's no different than what I

25 just said to you.

<p style="text-align: right;">Page 218</p> <p>1 Q Okay.</p> <p>2 A May I see that back, please, ma'am? I</p> <p>3 just want to make sure --</p> <p>4 Q Of course.</p> <p>5 A -- you're reading it accurately. Thank</p> <p>6 you. Yes, ma'am. Thank you.</p> <p>7 Q Doctor, if it's an open pathway, then why</p> <p>8 at the bottom of 18 in your expert report do you</p> <p>9 spend a half a page talking about the barriers to</p> <p>10 ascension of that open female tract?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: Because that's the female</p> <p>13 anatomy. That would be the challenges that any</p> <p>14 particular matter would face in order to ascend</p> <p>15 through retrograde migration. And what we're</p> <p>16 talking about in this particular matter is the</p> <p>17 perineal application of talc which is not the</p> <p>18 vagina.</p> <p>19 BY MS. GARBER:</p> <p>20 Q So it's your opinion that particulate</p> <p>21 that sits on the perineum has no opportunity to get</p> <p>22 inside the vagina.</p> <p>23 A It's my opinion that there's never been</p> <p>24 anything that has been published in the</p> <p>25 peer-reviewed literature that shows that something</p>	<p style="text-align: right;">Page 220</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: I don't know how somebody</p> <p>3 would wipe in order for your possibility to exist.</p> <p>4 That would be mean that you're actually putting the</p> <p>5 toilet paper into your vagina which would be a very</p> <p>6 different scenario than perineal application of</p> <p>7 talc.</p> <p>8 BY MS. GARBER:</p> <p>9 Q Would it not be an opportunity for talc</p> <p>10 to get inside the vagina by way of exercise and</p> <p>11 movement?</p> <p>12 A I do not --</p> <p>13 Q Moving of the tissues?</p> <p>14 A No.</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: That's not how the female</p> <p>17 anatomy lays and opposes upon itself. So no.</p> <p>18 BY MS. GARBER:</p> <p>19 Q So it's your opinion and you're going to</p> <p>20 tell this court that what gets put on the outside of</p> <p>21 the female genital tract on the perineum has zero</p> <p>22 opportunity to go into the vaginal vault, that can't</p> <p>23 happen, because that study hasn't been done?</p> <p>24 MS. CURRY: Object to the form.</p> <p>25 THE WITNESS: I'm not aware of any study</p>
<p style="text-align: right;">Page 219</p> <p>1 can migrate from the perineum to the ovaries.</p> <p>2 Q That study would never be approved</p> <p>3 because it's ridiculous; isn't that true?</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 Argumentative.</p> <p>6 THE WITNESS: Why would that be</p> <p>7 ridiculous?</p> <p>8 BY MS. GARBER:</p> <p>9 Q Because of course something on the</p> <p>10 perineum is going to get inside the vagina. What</p> <p>11 about the issue of sexual intercourse? Are you</p> <p>12 saying that sexual intercourse doesn't drive what's</p> <p>13 on the outside on the inside?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 BY MS. GARBER:</p> <p>16 Q Is that not a possibility, Doctor?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: There's no data to support</p> <p>19 your opinion, ma'am.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Is there -- is the fact that a woman who</p> <p>22 applies genital talc to her perineum and then wipes,</p> <p>23 using the bathroom, that would not be an opportunity</p> <p>24 for talc to go inside the vaginal wall? That would</p> <p>25 be an impossibility?</p>	<p style="text-align: right;">Page 221</p> <p>1 that has every documented the migration of any</p> <p>2 particulate matter from the perineum into the vagina</p> <p>3 and then to the ovaries, not a single one.</p> <p>4 BY MS. GARBER:</p> <p>5 Q You know that your obligations under ACOG</p> <p>6 are you're only able to testify as to what you know</p> <p>7 could be peer reviewed. Is it your testimony that</p> <p>8 you would put up for peer review a statement like</p> <p>9 that, that what is on the perineum can't possibly</p> <p>10 get inside the vaginal vault?</p> <p>11 Would you submit that for peer review,</p> <p>12 Doctor?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: It's not a peer-reviewed</p> <p>15 study, ma'am. I'm making a statement very</p> <p>16 consistent with what ACOG requires me to do, which</p> <p>17 is to use peer-reviewed literature to render my</p> <p>18 opinions.</p> <p>19 And there is no peer-reviewed literature</p> <p>20 to support what you're contending. So very</p> <p>21 consistent with ACOG guidelines, I'm not giving an</p> <p>22 opinion to something that there is no data for.</p> <p>23 ///</p> <p>24 ///</p> <p>25 ///</p>

<p style="text-align: right;">Page 222</p> <p>1 MS. GARBER: Let's actually look at what 2 ACOG says. I'm going to mark as -- I'm so sorry, 3 Ms. Curry, I only have one copy of this. 4 (C. Saenz Exhibit 14 was marked for 5 identification.) 6 BY MS. GARBER: 7 Q Doctor, this is an ACOG committee opinion 8 document, and if I could have you turn to -- it's 9 titled "Expert Testimony" and it talks about expert 10 testimony. If I could have you turn to page two of 11 three of this document. 12 MS. SHARKO: What exhibit number is this, 13 ma'am? 14 MS. GARBER: I'm sorry. 14. 15 BY MS. GARBER: 16 Q Doctor, can you turn, please, to page two 17 of three, under the numbered principles that are 18 offered as guidelines for the physician who assumes 19 the role as an expert witness. 20 Do you see where I am? 21 A Yes. 22 Q Number six says, "The physician must be 23 prepared to have the testimony given in any judicial 24 proceeding subjected to peer review by an 25 institution or professional organization to which he</p>	<p style="text-align: right;">Page 224</p> <p>1 talc from the perineum to the ovary, the migration 2 of talc from the perineum to the ovary, is 3 indisputable. You cited that in your expert report, 4 didn't you? 5 A I did. 6 Q So let's look at that. 7 (C. Saenz Exhibit 15 was marked for 8 identification.) 9 BY MS. GARBER: 10 Q I will mark as Exhibit 15 a letter which 11 you have referenced in your reference list in your 12 expert report; correct? 13 A Yes. 14 Q It's dated April 1st, 2014. It's sent 15 from the FDA to a Samuel Epstein, MD; correct? 16 A Yes. 17 Q And, Doctor, you have read this letter, 18 haven't you? 19 A Yes. 20 Q You reference it under the migration 21 section of your expert report? 22 A Yes. 23 Q In fact, you say, at page 17, "And even 24 the USFDA administration have stated, quote, "While 25 there exists no direct proof of talc in ovarian</p>
<p style="text-align: right;">Page 223</p> <p>1 or she belongs." 2 Did I read that correctly? 3 A Yes. 4 Q Would you be willing to have that 5 statement, that particulate that is sitting on the 6 perineum can't possibly get into the vaginal vault? 7 Would you be willing to have that expert opinion 8 subjected to peer review? 9 A So first of all, I think you're 10 misquoting what I said. What I said, and I would be 11 more than happy to have subject to peer review, is 12 that I'm unaware of any literature that has 13 demonstrated the migration of something from outside 14 the perineum into the vagina and to the ovaries. I 15 would be very, very proud and supportive of that 16 being subject to peer review. 17 Q There's zero literature that has said 18 that talc can get from the perineum to the ovary, 19 zero literature, none. 20 MS. CURRY: Object to the form. 21 THE WITNESS: Zero scientific literature 22 to support that contention. There is no experiment 23 that's ever been done that has showed that. 24 BY MS. GARBER: 25 Q Are you aware that the FDA has said that</p>	<p style="text-align: right;">Page 225</p> <p>1 carcinogenesis, the potential for particulates to 2 migrate from the perineum to the vagina to the 3 peritoneal cavity is indisputable." 4 Then the cite to this Exhibit 15; 5 correct? That's what your expert report says? 6 A That is what my expert report says. 7 Q In fact, let's turn to what that says and 8 where. At page five, the middle of the page, the 9 letter actually indicates the same. It's a direct 10 quote. "While there exists no direct proof of talc 11 in ovarian carcinogenesis, the potential for 12 particulates to migrate from the perineum to the 13 vagina" -- 14 A "And the vagina" -- or "and vagina." 15 Q -- "from the perineum and the vagina to 16 the peritoneal cavity is indisputable." 17 FDA says the fact that it can go from the 18 perineum to the peritoneal cavity is indisputable. 19 Correct? 20 A That's what the FDA says. 21 Q But you disagree with the FDA. 22 A I completely disagree with the FDA, on 23 that statement. 24 MS. SHARKO: I see you laughing, 25 Ms. Thompson.</p>

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1 MS. THOMPSON: I didn't laugh. I smiled
 2 at Ms. Garber.
 3 MS. SHARKO: I think that was a laugh.
 4 MS. THOMPSON: We'll let the --
 5 MS. SHARKO: Let the jury decide.
 6 MS. THOMPSON: Did the tape-record --
 7 recording say.
 8 THE WITNESS: Ma'am, I heard you.
 9 MS. THOMPSON: Okay. We'll let the
 10 record speak for itself.
 11 (C. Saenz Exhibit 16 was marked for
 12 identification.)
 13 MS. GARBER: Dr. Saenz, I'm going to mark
 14 another Exhibit 16, and I'll represent to you, this
 15 is an internal document that was produced attendant
 16 to this litigation by Johnson & Johnson.
 17 MS. CURRY: Do you have an extra copy?
 18 MS. GARBER: I do. Sorry.
 19 BY MS. GARBER:
 20 Q Doctor, so we can get oriented, I'll just
 21 represent to you, Luzenac is one of the defendants
 22 in this case. Their director of product safety,
 23 Richard Zazenski is emailing Bill Ashton of J&J --
 24 or not emailing, sorry. This is a fax. The date is
 25 September 30th, 2004.

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1 It reads: "Bill, I came across this
 2 paper this morning published in the April 2004
 3 journal, Human Reproduction, an official journal of
 4 the European Society for Human Reproduction and
 5 Embryology. It offers some compelling evidence in
 6 support of the migration hypothesis?"
 7 You have not seen that before, have you?
 8 A No, ma'am.
 9 Q Do you remember being shown that in the
 10 Echeverria trial?
 11 A No, I don't remember.
 12 Q Johnson & Johnson -- well, strike that.
 13 It looks like defendants thought that was
 14 compelling evidence that talc can migrate. Do you
 15 disagree with that?
 16 MS. CURRY: Object to the form.
 17 THE WITNESS: So, one, I've not seen this
 18 article that they're referencing to, so I don't know
 19 what is being interpreted as compelling evidence and
 20 not in a position to evaluate this facsimile on any
 21 level.
 22 MS. GARBER: Okay.
 23 BY MS. GARBER:
 24 Q And the article that is being discussed
 25 is the Sjosten paper, which I asked you about

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1 earlier, which you said you had not seen. And the
 2 Sjosten paper that is included in this facsimile is
 3 titled "Retrograde Migration of Glove Powder in the
 4 Human Female" -- "in the Human Female Genital
 5 Tract."
 6 Did I read that correctly?
 7 A Yes.
 8 Q You've not seen that study?
 9 MS. CURRY: Object to the form.
 10 THE WITNESS: I've only seen references
 11 to the study.
 12 BY MS. GARBER:
 13 Q Here there is a fax from Luzenac to Bill
 14 Ashton, saying that the study provides compelling
 15 evidence of the migration hypothesis. Do you agree?
 16 A No.
 17 Q You don't?
 18 A No.
 19 Q You don't agree with the data or you
 20 don't agree that that's what that fax says?
 21 A The fax --
 22 MS. CURRY: Object to the form.
 23 THE WITNESS: -- says that, but I don't
 24 agree that the study supports that.
 25 BY MS. GARBER:

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1 Q But you've never read the street, Doctor?
 2 MS. CURRY: Object to the form.
 3 THE WITNESS: Ma'am, I've just read the
 4 abstract because you've handed it to me, and I've
 5 also seen it referenced in the expert reports
 6 before. And this is a study that's looking at women
 7 undergoing pelvic exams with powder on the gloves.
 8 That's not powder being applied to the perineum.
 9 And as I read this abstract, that's
 10 exactly what they say happened. Women underwent
 11 pelvic exams. That means the fingers went into the
 12 vagina.
 13 BY MS. GARBER:
 14 Q Do you make a habit of looking at an
 15 abstract and rendering scientific opinions? I mean,
 16 you looked at that abstract for about 30 seconds.
 17 And then you rendered an opinion about the study.
 18 Is that your custom and practice, Doctor?
 19 MS. CURRY: Object to the form.
 20 THE WITNESS: You asked me to comment on
 21 that and whether or not I believe this facsimile
 22 supported the contention of the people faxing each
 23 other, ma'am. So I thought I needed to give you an
 24 answer to your question so that's why I did that.
 25 BY MS. GARBER:

<p style="text-align: right;">Page 230</p> <p>1 Q The truth is, after Echeverria, you knew</p> <p>2 full well about this internal document. It was used</p> <p>3 in that litigation and the study that was behind it,</p> <p>4 but you never bothered to go back and read it, did</p> <p>5 you?</p> <p>6 MS. CURRY: Object to the form. Would</p> <p>7 you like her to review the --</p> <p>8 MS. GARBER: I'll --</p> <p>9 MS. CURRY: -- what's attached now?</p> <p>10 MS. GARBER: I'll withdraw that question.</p> <p>11 BY MS. GARBER:</p> <p>12 Q If we could go -- do you still have it in</p> <p>13 front of you?</p> <p>14 A Which one, ma'am?</p> <p>15 Q Exhibit 16.</p> <p>16 A Yes.</p> <p>17 Q The fax goes on to say, "Combine this</p> <p>18 evidence with the theory that talc deposition in the</p> <p>19 ovarian epithelium initiates epithelial</p> <p>20 inflammation, which leads to epithelium</p> <p>21 carcinogenesis, and you have a potential formula for</p> <p>22 NTP classifying talc as a causative agent in ovarian</p> <p>23 cancer."</p> <p>24 Did I read that correctly?</p> <p>25 A You read it correctly.</p>	<p style="text-align: right;">Page 232</p> <p>1 that diagram comes from the Ness paper, the Ness</p> <p>2 2099 paper --</p> <p>3 A We're not in 2099.</p> <p>4 Q I'm sorry. Did I say that?</p> <p>5 A Uh-huh.</p> <p>6 Q I do that all the time. Thank you.</p> <p>7 1999.</p> <p>8 MS. GARBER: I'll mark that as</p> <p>9 Exhibit 17.</p> <p>10 (C. Saenz Exhibit 17 was marked for</p> <p>11 identification.)</p> <p>12 BY MS. GARBER:</p> <p>13 Q If you -- if you turn to page two of that</p> <p>14 paper, do you see that the figure one diagram is the</p> <p>15 same as appears on Exhibit 16, fax?</p> <p>16 A Yes, ma'am, it looks the same.</p> <p>17 Q All right. And if we look at Exhibit 17,</p> <p>18 figure one indicates inflammation as a common</p> <p>19 mechanism underlying ovarian cancer.</p> <p>20 Do you see that?</p> <p>21 A Yes, I see the wording saying that; yes.</p> <p>22 Q Right. And this study was a</p> <p>23 peer-reviewed, published scientific paper; correct?</p> <p>24 A Well --</p> <p>25 Q Exhibit 17?</p>
<p style="text-align: right;">Page 231</p> <p>1 Q Do you understand what the author is</p> <p>2 saying there?</p> <p>3 MS. CURRY: Object to the form.</p> <p>4 THE WITNESS: I understand the contents</p> <p>5 of his message. I don't agree with him</p> <p>6 biologically.</p> <p>7 BY MS. GARBER:</p> <p>8 Q What do you understand he's trying to</p> <p>9 convey there?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: That there is a theory that</p> <p>12 ovarian carcinogenesis is caused by inflammation.</p> <p>13 BY MS. GARBER:</p> <p>14 Q In fact, they cut and paste a diagram or</p> <p>15 a flow chart as to the mechanism by which that may</p> <p>16 occur, don't they?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: I don't know.</p> <p>19 BY MS. GARBER:</p> <p>20 Q You don't recognize this diagram?</p> <p>21 A No.</p> <p>22 Q You don't remember it from the Echeverria</p> <p>23 trial?</p> <p>24 A No.</p> <p>25 Q Let's refresh your memory. A source of</p>	<p style="text-align: right;">Page 233</p> <p>1 A I wouldn't really classify it as that,</p> <p>2 because it's a review article. So it's --</p> <p>3 Q Don't peer review -- or don't review</p> <p>4 papers undergo the peer review process before</p> <p>5 publication?</p> <p>6 A Not necessarily --</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: -- the same way. Sometimes</p> <p>9 authors are invited to write a review article. So</p> <p>10 it doesn't actually then go out to reviewers for</p> <p>11 review.</p> <p>12 So no.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Okay. But the defendants in this case</p> <p>15 thought enough of this article that they cut and</p> <p>16 paste this diagram into their fax to talk about the</p> <p>17 inflammation mechanism, didn't they?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: So I'm not in a position to</p> <p>20 comment on what the actual purpose of this was back</p> <p>21 in 2004. Inflammation is a hypothesis as to the</p> <p>22 potential for ovarian carcinogenesis, but there is</p> <p>23 not actually any mechanistic data that shows that</p> <p>24 that is true.</p> <p>25 So this is a hypothesis.</p>

<p style="text-align: right;">Page 234</p> <p>1 BY MS. GARBER:</p> <p>2 Q There's no mechanistic data that supports</p> <p>3 inflammation as a mechanism that you've reviewed.</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 THE WITNESS: Correct.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Let's look at this figure one. At the</p> <p>8 top left, it indicates "Epithelial Inflammation</p> <p>9 Initiators." What do you understand that to mean</p> <p>10 scientifically?</p> <p>11 A I don't actually know what the author is</p> <p>12 referring to here.</p> <p>13 Q Okay.</p> <p>14 A I would have to see within the article</p> <p>15 what she's referring to here.</p> <p>16 Q Okay. Then there's a downward arrow and</p> <p>17 a positive sign there. So what do you think that</p> <p>18 means scientifically as a review of scientific</p> <p>19 literature?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: That it has a positive</p> <p>22 influence.</p> <p>23 BY MS. GARBER:</p> <p>24 Q All right. And then in that center box,</p> <p>25 there is the word "inflammation"; correct?</p>	<p style="text-align: right;">Page 236</p> <p>1 BY MS. GARBER:</p> <p>2 Q Are you aware that the Buz'Zard 2007 data</p> <p>3 showed mechanistic data supporting talc and elevated</p> <p>4 oxidative stress or reactive oxygen species?</p> <p>5 A No.</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: I've not read that paper,</p> <p>8 ma'am.</p> <p>9 BY MS. GARBER:</p> <p>10 Q All right. Are you aware that the</p> <p>11 Shukla data supported an elevated cytokines after</p> <p>12 talc exposure?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: I have not read that paper,</p> <p>15 ma'am.</p> <p>16 MS. GARBER: All right.</p> <p>17 MS. SHARKO: Ms. Garber and Ms. Thompson,</p> <p>18 going forward, can you please bring copies of</p> <p>19 exhibits for all counsel. I know there's two</p> <p>20 defendants down here who aren't getting anything.</p> <p>21 You've given one copy for us. I think the case</p> <p>22 management order addresses the number of copies.</p> <p>23 MS. GARBER: Ms. Sharko, I would be happy</p> <p>24 to do that, but that was not provided to us when we</p> <p>25 defended our experts and it's a significant cost and</p>
<p style="text-align: right;">Page 235</p> <p>1 A Yes, ma'am.</p> <p>2 Q Then below that, there's a number of</p> <p>3 bullet points. One is DNA damage and repair;</p> <p>4 correct?</p> <p>5 A Correct.</p> <p>6 Q One is oxidative stress; correct?</p> <p>7 A Yes, ma'am.</p> <p>8 Q One is elevated cytokines and</p> <p>9 prostaglandins; correct?</p> <p>10 A Yes, ma'am.</p> <p>11 Q Then a downward arrow ends in the words</p> <p>12 "ovarian carcinogenesis"; correct?</p> <p>13 A Yes, ma'am.</p> <p>14 Q Are you aware that the Saed data</p> <p>15 provide -- 2019 paper provided mechanistic data</p> <p>16 supporting DNA damage?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: No, ma'am.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Okay. Are you aware that the Saed data</p> <p>21 provided mechanistic data between talc and inducing</p> <p>22 oxidative stress?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: I do believe that he showed</p> <p>25 that; yes.</p>	<p style="text-align: right;">Page 237</p> <p>1 we tried to bring our own copies of things.</p> <p>2 I'll do my best in the depositions I'm</p> <p>3 taking to do that in the future.</p> <p>4 MS. SHARKO: Okay, well --</p> <p>5 MS. GARBER: Flying on an airplane is a</p> <p>6 lot of money to take multiple copies.</p> <p>7 MS. SHARKO: All right, well, I disagree</p> <p>8 with what you're saying about the other depositions,</p> <p>9 and I'll take up the violation of the order with</p> <p>10 your lead counsel.</p> <p>11 MS. GARBER: We did our best to provide</p> <p>12 copies here today. I understood that this witness</p> <p>13 would be defended by one lawyer, and I have brought</p> <p>14 copies for her.</p> <p>15 MS. SHARKO: I think my friends at the</p> <p>16 end of the table would appreciate copies.</p> <p>17 BY MS. GARBER:</p> <p>18 Q Doctor, we've now gone through a number</p> <p>19 of studies where the tract -- where the published</p> <p>20 peer-reviewed authors have stated that it's</p> <p>21 biologically plausible that talc can migrate.</p> <p>22 But is it a true statement that nowhere</p> <p>23 in the four corners of your report do you discuss or</p> <p>24 analyze those statements?</p> <p>25 MS. CURRY: Object to the form.</p>

<p style="text-align: right;">Page 238</p> <p>1 THE WITNESS: So I discuss and analyze</p> <p>2 the data that's actually on studies of migration. I</p> <p>3 don't discuss every proposal that any author may</p> <p>4 ever have made that such a supposition is true.</p> <p>5 What I discuss is the actual experiments</p> <p>6 that evaluated migration.</p> <p>7 BY MS. GARBER:</p> <p>8 Q And we've already established that you</p> <p>9 have not considered the totality of the literature</p> <p>10 in connection with the issue of whether talc can</p> <p>11 migrate; correct?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: No, I disagree with you,</p> <p>14 ma'am. Having an author put in their paper that</p> <p>15 they propose migration can exist is not a scientific</p> <p>16 evaluation of the migration theory. It's a</p> <p>17 statement. And I'm not going to put in my report</p> <p>18 statements that are not based on -- in an experiment</p> <p>19 into my report.</p> <p>20 My report contains references to Egli, it</p> <p>21 contains references to Ventor, and those authors</p> <p>22 actually published on migration. And those papers</p> <p>23 are in my report.</p> <p>24 Having Dr. Ness suggest a proposal that</p> <p>25 migration exists is not something that belongs in my</p>	<p style="text-align: right;">Page 240</p> <p>1 A It's the actual contraction mechanism of</p> <p>2 the uterus. That's, in fact, triggered by oxytocin.</p> <p>3 Q And do you have any knowledge that</p> <p>4 oxytocin can stimulate both antegrade contractions</p> <p>5 as well as retrograde contractions of the female</p> <p>6 genital tract?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: The directionality of flow</p> <p>9 can be either way.</p> <p>10 BY MS. GARBER:</p> <p>11 Q That is a biologically plausible</p> <p>12 mechanism by which particulate can move up the</p> <p>13 female genital tract; right?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: From the posterior vagina</p> <p>16 as a slurry.</p> <p>17 BY MS. GARBER:</p> <p>18 Q What happens to talc when it mixed with</p> <p>19 the vaginal fluids. Doesn't it act like a slurry?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: I don't know. I haven't</p> <p>22 seen any studies on talc mixing with vaginal fluids.</p> <p>23 BY MS. GARBER:</p> <p>24 Q Don't the authors indicate -- the study</p> <p>25 authors indicate that those studies are applicable</p>
<p style="text-align: right;">Page 239</p> <p>1 report as scientific evidence of migration.</p> <p>2 MS. GARBER: Objection. Move to strike</p> <p>3 as nonresponsive.</p> <p>4 BY MS. GARBER:</p> <p>5 Q Doctor, are you aware that the female</p> <p>6 genital tract has a mechanism by which retrograde</p> <p>7 transport of particulate can move up the female</p> <p>8 genital tract?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: From where to where?</p> <p>11 BY MS. GARBER:</p> <p>12 Q Well, let's say from the vaginal vault up</p> <p>13 to the fallopian tubes.</p> <p>14 A I'm aware of some studies that have been</p> <p>15 conducted that have demonstrated the migration of</p> <p>16 particulate matter from the posterior vaginal vault</p> <p>17 in a slurry to the fallopian tubes under certain</p> <p>18 scientific experimental conditions.</p> <p>19 Q And those are limited to the studies that</p> <p>20 you've cited in your report; correct?</p> <p>21 A Correct.</p> <p>22 Q Have you heard of a peristaltic pump with</p> <p>23 regard to the female genital tract?</p> <p>24 A I've heard that phrase used; yes.</p> <p>25 Q Do you know what that is?</p>	<p style="text-align: right;">Page 241</p> <p>1 to talc?</p> <p>2 A Which study authors?</p> <p>3 MS. CURRY: Object to the form.</p> <p>4 BY MS. GARBER:</p> <p>5 Q The published studies that cite to that</p> <p>6 there's a biologically plausible mechanism, that</p> <p>7 cite Egli and Ventor and some of the studies that</p> <p>8 you have cited, that it's biologically plausible</p> <p>9 that talc can migrate from the genitals to the</p> <p>10 ovaries.</p> <p>11 A So --</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: -- the authors don't</p> <p>14 actually make that leap. They do say those studies</p> <p>15 support the migration, but they're misquoting Egli</p> <p>16 and Ventor because Egli and Ventor actually have the</p> <p>17 slurry start in the posterior vagina, not on the</p> <p>18 peritoneum.</p> <p>19 BY MS. GARBER:</p> <p>20 Q If I were to put any study in front of</p> <p>21 you that said talc can migrate and it was a study</p> <p>22 author that studied genital talc in ovarian cancer,</p> <p>23 any study author who was peer reviewed and published</p> <p>24 who said that is a biologically plausible mechanism,</p> <p>25 you would say they're wrong?</p>

<p style="text-align: right;">Page 242</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: I would say to you, show me</p> <p>3 the science, show me the experiment that they are</p> <p>4 making this statement from. That's what I would say</p> <p>5 to you.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Have you acknowledged in your expert</p> <p>8 report any of the published authors' statements with</p> <p>9 regard to the biologically plausible mechanisms for</p> <p>10 talcum powder products' carcinogenicity and chronic</p> <p>11 inflammation?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: So I don't exactly know</p> <p>14 what you're referencing to. I have done an analysis</p> <p>15 in my report as to whether or not there's evidence</p> <p>16 of chronic inflammation with talc being found in the</p> <p>17 ovaries.</p> <p>18 I've also done an analysis in my report</p> <p>19 as to whether or not we see evidence of foreign body</p> <p>20 granulomas in ovarian cancer.</p> <p>21 (C. Saenz Exhibit 18 was marked for</p> <p>22 identification.)</p> <p>23 MS. GARBER: Doctor, I'm going to mark as</p> <p>24 Exhibit 18, a document again, that I created. It is</p> <p>25 titled "Biologic Plausibility Chronic Inflammation."</p>	<p style="text-align: right;">Page 244</p> <p>1 even correspond to the methods, the data collection,</p> <p>2 and what the results were of these studies.</p> <p>3 I do believe that many of these comments</p> <p>4 most likely came from the discussion sections of</p> <p>5 these papers, and that's not scientific proof of</p> <p>6 that hypothesis.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Doctor, it's your opinion that talc does</p> <p>9 not induce chronic inflammation; correct?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: In what venue?</p> <p>12 BY MS. GARBER:</p> <p>13 Q With regard to the initiation of ovarian</p> <p>14 cancer as a possible mechanism.</p> <p>15 A That's correct.</p> <p>16 Q There are a number of peer-reviewed</p> <p>17 publications that indicate otherwise; correct?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: No, ma'am. All of these</p> <p>20 are hypotheses. They're not indicating that ovarian</p> <p>21 cancer is caused by chronic inflammation or talc.</p> <p>22 They all say, basically -- I mean, right here,</p> <p>23 ma'am, your own reference that you cherry-picked,</p> <p>24 one, two, three, four, five, six, seven down. This</p> <p>25 is the Wu paper, "with previous findings and are</p>
<p style="text-align: right;">Page 243</p> <p>1 Doctor, I will represent to you that</p> <p>2 these are a listing of peer-reviewed study</p> <p>3 publications that address the issue of talc's</p> <p>4 ability to induce chronic inflammation. I'll</p> <p>5 represent that to you.</p> <p>6 MS. CURRY: I have the same objection to</p> <p>7 Exhibit 18 as I do to Exhibit 11.</p> <p>8 MS. GARBER: You may, Ms. Curry.</p> <p>9 BY MS. GARBER:</p> <p>10 Q Doctor, nowhere in the four corners of</p> <p>11 your report have you attempted to settle or respond</p> <p>12 to these statements with regard to peer-reviewed,</p> <p>13 published study authors' statements with regard to</p> <p>14 talc's induction of chronic inflammation, have you?</p> <p>15 MS. CURRY: Object to the form. If you</p> <p>16 need to review this document in full, please do so</p> <p>17 before responding, as well as other underlying</p> <p>18 documents.</p> <p>19 THE WITNESS: Well, ma'am, first I'm</p> <p>20 going to disagree with you, because not all of these</p> <p>21 are peer reviewed or published.</p> <p>22 Secondly, I'm going to disagree with you</p> <p>23 because I believe that what you've done here is</p> <p>24 cherry-picked comments that each of the authors have</p> <p>25 made from these publications and may not necessarily</p>	<p style="text-align: right;">Page 245</p> <p>1 compatible with the hypothesis."</p> <p>2 So these are not statements of fact.</p> <p>3 They are hypotheses.</p> <p>4 BY MS. GARBER:</p> <p>5 Q You understand the biologic plausibility</p> <p>6 for the mechanism does not require proof. It's only</p> <p>7 a plausible mechanism; correct?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 BY MS. GARBER:</p> <p>10 Q You understand that, don't you?</p> <p>11 A For which you need to have a scientific</p> <p>12 basis and not a single one of these statements is</p> <p>13 the scientific basis.</p> <p>14 Q Provide for me the support of that</p> <p>15 statement.</p> <p>16 A Provide for you the support?</p> <p>17 Q Yeah.</p> <p>18 A You can't just say something is so and</p> <p>19 have it be so. A hypothesis has to actually be</p> <p>20 based in scientific proof of some sort. There's no</p> <p>21 mechanistic study that shows that talc leads to</p> <p>22 ovarian carcinogenesis via chronic inflammation.</p> <p>23 Q Doctor, you understand that in a</p> <p>24 causation analysis, there is no necessity to prove</p> <p>25 mechanism of carcinogenicity; right? You understand</p>

<p style="text-align: right;">Page 246</p> <p>1 that?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: Ma'am, I disagree with you.</p> <p>4 Biologic plausibility means that you actually have</p> <p>5 to have some scientific proof that that mechanism</p> <p>6 exists or makes sense. And there is no scientific</p> <p>7 proof that talc leads to chronic inflammation in the</p> <p>8 ovaries.</p> <p>9 There's also no scientific proof that</p> <p>10 chronic inflammation leads to ovarian</p> <p>11 carcinogenesis.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Provide for me the citation that supports</p> <p>14 that definition of biologically plausibility.</p> <p>15 A Ma'am, I can't provide for you something</p> <p>16 that is saying, you can just say a hypothesis and it</p> <p>17 is so. That's not what an analysis is about.</p> <p>18 Biologic plausibility can be an extension whereby</p> <p>19 you say, if we have seen X, Y, or Z in A, B, C, then</p> <p>20 by extension, it's biologically plausible that it</p> <p>21 also exists in X, Y, and Z. You can't just say we</p> <p>22 have this hypothesis and so, therefore, it's so.</p> <p>23 (C. Saenz Exhibit 19 was marked for</p> <p>24 identification.)</p> <p>25 MS. GARBER: Let's mark as Exhibit 19 a</p>	<p style="text-align: right;">Page 248</p> <p>1 Q It indicates, "There is support for an</p> <p>2 association of inflammation and increased risk of</p> <p>3 ovarian cancer," and it cites to the National</p> <p>4 Academy of Sciences and Engineering, 2016, and that</p> <p>5 Rasmussen paper.</p> <p>6 Do you disagree with that statement?</p> <p>7 A So I've not read the N-A-S [sic] paper,</p> <p>8 so I don't actually know if the authors are quoting</p> <p>9 it correctly or not.</p> <p>10 And which of the Rasmussen -- oh, it's</p> <p>11 only the published one. I actually have read the</p> <p>12 Rasmussen paper. And the only positive finding in</p> <p>13 that study for an inflammatory process which would</p> <p>14 be pelvic inflammatory disease was found with an</p> <p>15 association of borderline tumors, and that was only</p> <p>16 after, I believe, the second episode of pelvic</p> <p>17 inflammatory disease.</p> <p>18 So I can't comment on the reference of</p> <p>19 the N-A-S paper and I think that the statement that</p> <p>20 there is support for an association of inflammation</p> <p>21 and increased risk of ovarian cancer is really kind</p> <p>22 of an overbroad generalization because it really</p> <p>23 only did pertain to borderline tumors.</p> <p>24 Q That's a long way of saying no?</p> <p>25 MS. CURRY: Object to the form.</p>
<p style="text-align: right;">Page 247</p> <p>1 draft screening assessment from Health Canada.</p> <p>2 MS. CURRY: Do you guys need to see</p> <p>3 copies of these exhibits because I may have extra</p> <p>4 copies of some of them if you need them.</p> <p>5 MR. ANDERTON: If you have them, that</p> <p>6 would be great. And I guess going forward, I would</p> <p>7 tend to agree, that we're going to be at these depositions</p> <p>8 and in the interest of checking them --</p> <p>9 MS. GARBER: Well, then you guys are</p> <p>10 going to need to let us know how many of you are</p> <p>11 going to attend so that we know that --</p> <p>12 MR. ANDERTON: We're here as a party, so</p> <p>13 at least one for each party would be appropriate in</p> <p>14 my mind.</p> <p>15 MS. GARBER: Thank you.</p> <p>16 MS. SHARKO: You can assume fairly that</p> <p>17 you need four copies of every exhibit. That is what</p> <p>18 we did.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Doctor, if you could turn to page 18 of</p> <p>21 this paper. With regard to -- or sorry, turning to</p> <p>22 the middle of the document under the title, "Mode of</p> <p>23 Action," it's right after the Keskin citation.</p> <p>24 Do you see where I am?</p> <p>25 A Yes.</p>	<p style="text-align: right;">Page 249</p> <p>1 THE WITNESS: Ma'am, I'm sorry. I'm just</p> <p>2 trying to be complete for you so you understand why</p> <p>3 I say what I'm saying.</p> <p>4 BY MS. GARBER:</p> <p>5 Q Did you read the Trabert paper, 2014,</p> <p>6 titled "Pre-diagnostic Serum Levels of Inflammation</p> <p>7 Markers and the Risk of Ovarian Cancer in the</p> <p>8 Prostate, Lung, Colorectal, and Ovarian Cancer,</p> <p>9 P-L-C-O, Screening Trial"?</p> <p>10 A I don't think it's in my report, but I</p> <p>11 might have read it somewhere around the course of my</p> <p>12 career.</p> <p>13 Q I didn't see it in your citations.</p> <p>14 A But I do think that -- I know I've read</p> <p>15 various publications from the P-L-C-O trial --</p> <p>16 sorry, the P-L-C-O clinical trials. So I don't know</p> <p>17 if I've, off the top of my head, read that</p> <p>18 particular one. I'd be happy to take a look at it</p> <p>19 for you.</p> <p>20 But the --</p> <p>21 Q I --</p> <p>22 A -- P-L-C-O trials are something that the</p> <p>23 GYN oncology community has paid attention to.</p> <p>24 Q So I just want to read for you a</p> <p>25 statement. It says "Research Highlights" at page</p>

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1 13. It says, "Our study provides additional
2 evidence that" --
3 MS. CURRY: I'm sorry, do you have a copy
4 of that?
5 MS. GARBER: I don't.
6 BY MS. GARBER:
7 Q "Our study provides additional evidence
8 that inflammation plays an important role in ovarian
9 carcinogenesis." If that's what it says, do you
10 disagree with that?
11 A Why don't we just --
12 MS. CURRY: Object to the form. Do you a
13 copy so we can look at it?
14 MS. GARBER: You don't have a copy?
15 MS. CURRY: No, can we take a look at
16 what you're quoting?
17 BY MS. GARBER:
18 Q If that's what it says, do you disagree
19 with that?
20 A I can't comment on that one way or
21 another because I don't know what they're referring
22 to as inflammation. If it's something such as an
23 elevated CA 125 versus looking at the actually
24 ovaries.
25 So without looking at the study, I can't

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1 comment on that statement.
2 Q What is Interleukin 8?
3 A Interleukin 8, it's an inflammatory
4 marker.
5 Q Is it -- so it's associated with
6 inflammation?
7 MS. CURRY: Object to the form.
8 THE WITNESS: It can be.
9 BY MS. GARBER:
10 Q Has it been tied to risk of ovarian
11 cancer or a pathway of developing ovarian cancer?
12 MS. CURRY: Object to the form.
13 THE WITNESS: I'm sure there are some
14 publications that have shown Interleukin 8 levels
15 are elevated, but where along the pathway of
16 carcinogenesis, off the top of my head, I don't
17 really know how that would relate.
18 BY MS. GARBER:
19 Q You reference the Gates 2018 study in
20 your reference list.
21 A No, ma'am, there's no Gates 2018 study.
22 Q I'm sorry, 2008; correct?
23 A Yes, ma'am.
24 ///
25 ///

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1 MS. GARBER: I'll mark that study as
2 Exhibit 20.
3 (C. Saenz Exhibit 20 was marked for
4 identification.)
5 BY MS. GARBER:
6 Q Doctor, if I could call your attention to
7 page eight, the first full paragraph about halfway
8 down, the sentence begins, "Talc particles."
9 Do you see that?
10 A I'm sorry, which paragraph?
11 Q The first full paragraph.
12 A Oh. Halfway down. Okay.
13 Q Could you read what those two sentences
14 until you reach the note -- I'm sorry, the citation
15 11.
16 A "Talc particles can induce an
17 inflammatory response in vivo, which may be
18 important in ovarian cancer."
19 Q Keep going. One more sentence.
20 A Hold on one second. "Normal ovarian
21 cells treated with talc are more likely to undergo
22 self-proliferation and neoplastic trans -- whoops,
23 neoplastic transformation and cellular generation of
24 reactive oxygen species increasing with increasing
25 exposure to talc."

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1 Q Do you disagree with those sentences?
2 A No.
3 Q Okay. You also cited to the Mills 2008,
4 study; correct?
5 MS. CURRY: Object to the form.
6 I don't believe --
7 MS. GARBER: I'm sorry, 2004. That's
8 what I do when I get tired. I get my numbers all
9 mixed up. You also -- I'll start over.
10 BY MS. GARBER:
11 Q You also reference the Mills 2004 study
12 in your expert report references; correct?
13 A Yes.
14 (C. Saenz Exhibit 21 was marked for
15 identification.)
16 BY MS. GARBER:
17 Q If you could turn to page 458 of this
18 paper.
19 A That's the first page.
20 Q Okay. This is a peer-reviewed
21 publication; correct?
22 A Yes.
23 Q This concerned perineal talc exposure and
24 epithelial ovarian cancer risk; correct?
25 A Yes.

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<p>1 Q And with regard to the issue of migration 2 in the first full paragraph, it reads: "In animal 3 studies, talc and other substances have been 4 demonstrated to migrate from the vagina through the 5 peritoneal cavity to the ovaries." 6 Did I read that correctly? 7 A Yes. 8 Q And this is in your -- another 9 peer-reviewed paper where the authors have stated 10 that; correct? 11 A Ma'am, that's the -- 12 MS. CURRY: Object to the form. 13 THE WITNESS: -- introduction. That's 14 not anything that they're proving in this paper. 15 BY MS. GARBER: 16 Q And with regard to the issue of 17 inflammation, the authors state, and it has been 18 peer reviewed, "Collectively, these studies point to 19 a possible etiologic role of talc in ovarian cancer, 20 via inflammation process at the site of the ovarian 21 epithelium." 22 Did I read that correctly? 23 MS. CURRY: Inflammatory process. 24 BY MS. GARBER: 25 Q I'm sorry. "Collectively, these studies</p>	<p>1 It's talking about hypotheses. 2 BY MS. GARBER: 3 Q Doctor, at page 20 of your expert report, 4 you indicate that "There is no data to support that 5 inflammation is the underlying -- "There is no data 6 to support that inflammation is underlying the" -- 7 A I'm sorry, ma'am, where are we? 8 Q Under the summary. 9 A Okay. 10 Q I'll start again. In your expert report 11 at page 20, you indicate, "There is no data to 12 support inflammation is the underlying" -- "is 13 underlying the" -- 14 A Wait, I'm sorry. I don't see where you 15 are. 16 MS. CURRY: I don't either. 17 BY MS. GARBER: 18 Q Doctor, under "Summary" -- 19 A Yes, ma'am. 20 Q -- at the very end, do you see where I 21 am? 22 MS. CURRY: You're reading the last half 23 of the sentence. 24 THE WITNESS: You're starting in the 25 middle of a sentence.</p>
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<p>1 point to a possible etiologic role of talc in 2 ovarian cancer via an inflammatory process at the 3 site of the ovarian epithelium." 4 Did I now read that correctly? 5 A You read it correctly, but the paper that 6 they're citing there and referencing is the Ness 7 2000 paper, which actually was about hypotheses of 8 ovarian cancer in mutagenesis and was not a 9 mechanistic paper. 10 So it's not describing actually the 11 inflammation. It's theorizing. 12 And, again, this is the introduction. 13 It's not anything that's being proven in this paper. 14 Q This has been peer reviewed and 15 published, so it's undergone a peer-review process 16 that your opinions have not; true? 17 MS. CURRY: Object to the form. 18 THE WITNESS: Ma'am, the introduction is 19 not the result of the study. And a statement that 20 the author makes doesn't make it so, particularly if 21 it's in the introduction or the discussion section. 22 There's nothing in the results of this 23 paper that supports that, and in fact, the paper 24 that they cite for that statement is Ness 2000, 25 which actually doesn't look at inflammation per se.</p>	<p>1 BY MS. GARBER: 2 Q Okay. All right. I'll read the whole 3 sentence. "The clinical and epidemiologic data" -- 4 so we'll start there. 5 What does "clinical data" mean? 6 A Patients, ovaries themselves, looking for 7 foreign body granulomas, associations of pelvic 8 inflammatory disease with the development of ovarian 9 cancer. 10 Q What you've seen with your eyes? 11 A What I've seen with my eyes, but also the 12 literature on PID that we discussed earlier, the 13 Rasmussen study. 14 Q Okay. So the clinical an epidemiological 15 data, and there you mean the data that we've been 16 going through, the published, peer-reviewed 17 epidemiological data with regard to genital talc and 18 risk of ovarian cancer, correct? 19 A Yes, ma'am. 20 Q You indicate, "do not support the 21 hypothesis that talc causes ovarian cancer through 22 induction of chronic inflammatory process, primarily 23 because there's no data to support that inflammation 24 is underlying the malignant transformation of the 25 ovarian epithelium at all."</p>

<p style="text-align: right;">Page 258</p> <p>1 Did I read that correctly?</p> <p>2 A Yes.</p> <p>3 Q And you have made that statement without</p> <p>4 reviewing the totality of the literature with regard</p> <p>5 to mechanisms of carcinogenicity; correct?</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: No, ma'am. I've reviewed</p> <p>8 the data on mechanisms of carcinogenicity and</p> <p>9 ovarian cancer and I've also reviewed the clinical</p> <p>10 data, which we talked about, and I've also reviewed</p> <p>11 the pathologic data and the epidemiologic data.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Which pathologic data did you review?</p> <p>14 A Whenever we operate on patients, we don't</p> <p>15 see evidence of foreign body granulomas. We don't</p> <p>16 see evidence of chronic inflammation. From a</p> <p>17 pathologic standpoint, there's no evidence of</p> <p>18 inflammation underlying the development of ovarian</p> <p>19 cancer.</p> <p>20 Q Okay. And I'm going to get to that. I</p> <p>21 just wondered if you had seen some patient-level</p> <p>22 data in this case or something you were referencing.</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 THE WITNESS: I don't know what you mean,</p> <p>25 patient --</p>	<p style="text-align: right;">Page 260</p> <p>1 for a plausible mechanism of how that happens? What</p> <p>2 would such a study do?</p> <p>3 MS. CURRY: Object to the form.</p> <p>4 THE WITNESS: It would look for malignant</p> <p>5 transformation from a normal cell.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Would it also look for inflammatory</p> <p>8 factors and mechanistic data by which malignant</p> <p>9 transformation could happen?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: Only if you believed that</p> <p>12 chronic inflammation might be involved in the</p> <p>13 process of malignant transformation.</p> <p>14 BY MS. GARBER:</p> <p>15 Q Are you aware of data that chronic</p> <p>16 inflammation is associated with malignant</p> <p>17 transformation in any context?</p> <p>18 A In other tumors, yes, about not in</p> <p>19 ovarian cancer.</p> <p>20 Q Okay. Now, you also indicate in your</p> <p>21 report -- and I think we were just talking about the</p> <p>22 pathologic data. And you talk about when you've</p> <p>23 performed surgery on patients and what you've seen</p> <p>24 macroscopically; right, with your naked eye.</p> <p>25 A Also microscopically.</p>
<p style="text-align: right;">Page 259</p> <p>1 MS. GARBER: Never mind. I'll withdraw.</p> <p>2 BY MS. GARBER:</p> <p>3 Q But when you claim no epidemiologic or</p> <p>4 biologic data, as we have established over and over,</p> <p>5 you have not seen the Buz'Zard or Shukla paper;</p> <p>6 correct?</p> <p>7 A Correct. But those don't demonstrate</p> <p>8 cancer.</p> <p>9 Q They demonstrate mechanism, don't they?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: No, they demonstrate</p> <p>12 inflammatory processes. They don't demonstrate</p> <p>13 cancer.</p> <p>14 BY MS. GARBER:</p> <p>15 Q Okay. What is the purpose of a cellular</p> <p>16 study with regard to, let's say, applying talc to a</p> <p>17 given cell to assess what happens at the cellular</p> <p>18 level? What would be the purpose of doing such a</p> <p>19 study?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: It all depends on what your</p> <p>22 hypothesis is.</p> <p>23 BY MS. GARBER:</p> <p>24 Q What if your hypothesis is that talc can</p> <p>25 induce epithelium ovarian cancer and you're looking</p>	<p style="text-align: right;">Page 261</p> <p>1 Q I'm going to get there. I'm breaking it</p> <p>2 down. So you're describing what you see with your</p> <p>3 eyes, macroscopically, when you operate, and you</p> <p>4 remove their, let's say, ovaries; correct?</p> <p>5 A Their cancer?</p> <p>6 Q Uh-huh.</p> <p>7 A Yes.</p> <p>8 Q You also review their pathological --</p> <p>9 their pathology slides of the tissue that you've</p> <p>10 removed; correct?</p> <p>11 A Yes.</p> <p>12 Q And you use that as support for your</p> <p>13 opinion that talc can't induce chronic inflammation</p> <p>14 that leads to cancer, because when you look with</p> <p>15 your eyes and look under the microscope, you don't</p> <p>16 see evidence of that in the tumor?</p> <p>17 A That's some of what --</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Is that fair?</p> <p>21 A That's some of what I use to support it,</p> <p>22 I've not seen evidence of foreign body granulomas,</p> <p>23 other things that would suggest that foreign bodies</p> <p>24 are actually causing it. Yes.</p> <p>25 Q Isn't it true, though, Doctor, by the</p>

<p style="text-align: right;">Page 262</p> <p>1 time you see the cancer, the inflammatory process</p> <p>2 has already been overtaken by the tumor? You're not</p> <p>3 going to see at time of diagnosis what happened</p> <p>4 years earlier, way before the latency period as</p> <p>5 there was transformation of those normal cells into</p> <p>6 cancer cells, are you?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: I have no reason to believe</p> <p>9 that that's accurate. I think that if there was</p> <p>10 evidence of foreign body granulomas, they would</p> <p>11 still be there in the pathology that we're</p> <p>12 reviewing.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Is it a true statement that today, when</p> <p>15 you're looking at, let's say, ovarian tissue, you</p> <p>16 have no way of seeing cancerous transformation when</p> <p>17 it occurred years earlier?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 BY MS. GARBER:</p> <p>20 Q You can't see cancer evolving in ovarian</p> <p>21 cancer, can you?</p> <p>22 MS. CURRY: Object to the form.</p> <p>23 THE WITNESS: I don't actually think</p> <p>24 that's true. I think there's some new and emerging</p> <p>25 literature that in particular, for high-grade serous</p>	<p style="text-align: right;">Page 264</p> <p>1 page three, quote, "As we really don't know what</p> <p>2 ovarian cancer looks like as it's developing, unlike</p> <p>3 cancers of the colon, breast, and cervix."</p> <p>4 Isn't that what you said on February</p> <p>5 25th, 2019?</p> <p>6 A Yeah, I think it's an evolving process,</p> <p>7 because I think the different histologic subtypes</p> <p>8 are starting to provide us with clues, but we don't</p> <p>9 really know what it looks like. This is --</p> <p>10 Q So when you look at an ovarian tumor when</p> <p>11 you remove it from a woman, it in no way indicates</p> <p>12 what was happening years earlier during cancer</p> <p>13 transformation, does it?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: I don't --</p> <p>16 MS. GARBER:</p> <p>17 Q Because you can't see that. You can't</p> <p>18 see the transformation of those cells years earlier,</p> <p>19 can you?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: I could still see hallmarks</p> <p>22 of foreign bodies if they were actually there. We</p> <p>23 see in pathology in women that have had surgery</p> <p>24 years before evidence of suture granulomas for</p> <p>25 somebody that might have had surgery before.</p>
<p style="text-align: right;">Page 263</p> <p>1 carcinomas, is giving us a glimpse into the</p> <p>2 evolution from a pre-neoplastic process to ovarian</p> <p>3 cancer.</p> <p>4 That's in particular with what we've been</p> <p>5 able to glean from a lot of the BRCA one and two</p> <p>6 patients who have prophylactic surgery and we've</p> <p>7 been able to identify precursor lesions in those</p> <p>8 patients.</p> <p>9 So I think that might have been true five</p> <p>10 years ago. I don't think that's necessarily true</p> <p>11 now.</p> <p>12 BY MS. GARBER:</p> <p>13 Q Was it true on February 25th, 2019?</p> <p>14 MS. CURRY: Object to the form.</p> <p>15 THE WITNESS: That we didn't know what it</p> <p>16 looks like? I think we don't know what it looks</p> <p>17 like for all cases of ovarian cancer. I think with</p> <p>18 respect to high-grade serous carcinomas, we're</p> <p>19 starting to learn.</p> <p>20 BY MS. GARBER:</p> <p>21 Q If you could turn to page three of your</p> <p>22 expert report, Doctor.</p> <p>23 A Sure.</p> <p>24 Q As to what cancer looks like as it's</p> <p>25 developing, don't you indicate at the bottom of</p>	<p style="text-align: right;">Page 265</p> <p>1 Somebody that might have had a unilateral</p> <p>2 salpingo-oophorectomy and had staples in order to</p> <p>3 operate on her, we see evidence of that even years</p> <p>4 later when they have cancer. So those markers of</p> <p>5 inflammation and responses to foreign bodies don't</p> <p>6 go away just because the patient has cancer.</p> <p>7 BY MS. GARBER:</p> <p>8 Q You can't look at a cancerous tumor and</p> <p>9 say what induced that cancer by looking at it today,</p> <p>10 cellularly, can you?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: I agree with that. I</p> <p>13 don't -- I don't know what induced that particular</p> <p>14 cancer. I agree with that.</p> <p>15 MS. GARBER: Thank you.</p> <p>16 THE WITNESS: Can we take a break?</p> <p>17 MS. GARBER: Sure.</p> <p>18 THE VIDEOGRAPHER: The time is now 3:48.</p> <p>19 Going off the record.</p> <p>20 (Break in the deposition taken at 3:49 p.m.)</p> <p>21 0o0</p> <p>22 (The deposition resumed at 4:10 p.m.)</p> <p>23 0o0</p> <p>24 THE VIDEOGRAPHER: Time is now 4:09.</p> <p>25 Back on the record.</p>

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1 BY MS. GARBER:
2 Q Doctor, at page 20 of your report, in the
3 first full paragraph near the top, you indicate that
4 "If talc induces ovarian cancer by causing chronic
5 inflammation, then studies examining the use of
6 anti-inflammatory agents such as NSAIDS and aspirin
7 should show a decreased risk of developing ovarian
8 cancer with regular use of these agents."
9 Did I read that correctly?
10 A Yes.
11 Q Did you cite in your expert report
12 references to any data looking at NSAIDS and aspirin
13 by way of risk of ovarian cancer?
14 A Yes.
15 Q Okay. And which studies did you cite?
16 Are those 13, 15, and 91?
17 A Yes, along with reference two.
18 Q Doctor, in your references, I could not
19 find where you had cited a 2018 paper by the author
20 Qiao, Q-I-A-O; is that correct? You did not cite
21 that paper?
22 A I did not.
23 Q Did you perform a comprehensive review of
24 the literature looking at NSAIDS and aspirin and the
25 potential reduction for risk of ovarian cancer?

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1 MS. CURRY: Object to the form.
2 THE WITNESS: Yes.
3 BY MS. GARBER:
4 Q Tell me about that comprehensive review
5 of the literature. What did you do?
6 A I went to search engines and typed in
7 ovarian cancer and NSAIDS.
8 Q Did you type in ovarian cancer and
9 aspirin?
10 A Yes. Aspirin is an NSAID.
11 Q But they seem to break it out in the
12 literature.
13 A Not always.
14 Q Okay. Did you do any other search terms
15 with regard to ovarian cancer and NSAIDS?
16 A Well, I didn't just type NSAIDS because I
17 was concerned that if that acronym wasn't in there,
18 that it might not come up. So I also typed in
19 Tylenol, acetaminophen, ibuprofen, and what else did
20 I type in. I think I even looked to see if Celebrex
21 was in there, yeah.
22 ///
23 ///
24 ///
25 ///

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1 Q So with regard to the Qiao paper, I
2 will -- I don't know how to pronounce it. I'm
3 guessing it's Qiao. I'm going to mark that as
4 Exhibit 22.
5 (C. Saenz Exhibit 22 was marked for
6 identification.)
7 BY MS. GARBER:
8 Q Doctor, I know you haven't read this
9 paper. But in the abstract in the conclusions, are
10 the conclusions that as cited by these study
11 authors, these findings suggest that aspirin use is
12 associated with a reduced risk of gastric,
13 esophageal, colorectal, pancreatic, ovarian,
14 endometrial, breast and prostate cancers and small
15 intestine, neuroendocrine tumors?
16 A That's the conclusion that the authors
17 put there; yes.
18 Q So this study, does this look like this
19 was a meta-analysis study?
20 A That's what it says in the title.
21 Q So this was published in 2018, and it is
22 a meta-analysis of the association between aspirin
23 use and risk of certain cancers when included
24 ovarian cancer; correct?
25 A Yes, that's one of the things they

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1 examined.
2 Q What was the finding by way of reduction
3 of risk with regard to ovarian cancer?
4 A The authors report that the risk of
5 ovarian cancer decreased by 11 percent.
6 Q It was statistically significant, wasn't
7 it?
8 A They reported that that finding was
9 statistically significant; correct.
10 MS. GARBER: Let's look at another paper.
11 This I'll mark as Exhibit 24. And this paper, the
12 lead author is Trabert, T-R-A-B-E-R-T, et al.,
13 titled "Aspirin, Nonsteroidal, Nonaspirin,
14 Nonsteroidal Anti-Inflammatory Drug and
15 Acetaminophen Use and the Risk of Invasive
16 Epithelial Ovarian Cancer, a Pooled Analysis in the
17 Ovarian Cancer Association Consortium."
18 BY MS. GARBER:
19 Q Did I read that correctly?
20 A Yes.
21 MS. CURRY: Did we skip Exhibit 23?
22 MS. GARBER: Did I miss one?
23 THE WITNESS: Yes.
24 MS. GARBER: Oh, I did. Let's replace.
25 MS. SHARKO: So Trabert is now 23?

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<p>1 MS. GARBER: Trabert 2013 is now Exhibit</p> <p>2 23.</p> <p>3 MS. CURRY: I think this is a 2014 --</p> <p>4 MS. GARBER: You're right. It's at the</p> <p>5 top. All right. So Trabert 2014, part of the</p> <p>6 title, "Aspirin, Nonaspirin, Nonsteroidal</p> <p>7 Anti-Inflammatory Drug," is now Exhibit 23.</p> <p>8 (C. Saenz Exhibit 23 was marked for</p> <p>9 identification.)</p> <p>10 BY MS. GARBER:</p> <p>11 Q Doctor, I don't see that this paper is on</p> <p>12 your reference list either; is that correct?</p> <p>13 A Correct.</p> <p>14 Q And nonsteroidal anti-inflammatory drug</p> <p>15 is the long name for the acronym, NSAIDS; correct?</p> <p>16 A Correct.</p> <p>17 Q So your literature search should have</p> <p>18 turned up this paper because NSAID was in the title;</p> <p>19 correct?</p> <p>20 A It depends. It's not always that simple.</p> <p>21 I understand that's it's there in the title, but if</p> <p>22 you type in NSAIDS, it doesn't always come up.</p> <p>23 Sometimes different permutations of your search will</p> <p>24 yield different results.</p> <p>25 Q In the authors' conclusions, in the</p>	<p>1 the left-hand column, indicates that it included</p> <p>2 more than 7500 ovarian cancer cases from 12</p> <p>3 population based case control studies; correct?</p> <p>4 A I'm sorry, where are we?</p> <p>5 Q On page two.</p> <p>6 A Yeah.</p> <p>7 Q Left-hand column at the top.</p> <p>8 A Oh, left-hand column.</p> <p>9 Q "We concluded."</p> <p>10 A We conducted?</p> <p>11 Q Yeah. It indicates that the study</p> <p>12 included more than 7500 ovarian cancer cases from 12</p> <p>13 population based case control studies; right?</p> <p>14 A Right.</p> <p>15 Q At the last page, nine of 11, it</p> <p>16 indicates, "In summary, this pooled analysis</p> <p>17 supports the hypothesis that regular aspirin use</p> <p>18 reduces ovarian cancer risk. Specifically we report</p> <p>19 a statistically significant decreased risk of</p> <p>20 ovarian cancer with daily use of aspirin. Further</p> <p>21 biological and pharmaceutical" -- sorry,</p> <p>22 pharmacological research is necessary to understand</p> <p>23 the mechanisms of ovarian cancer risk reduction by</p> <p>24 aspirin."</p> <p>25 Did I read that correctly?</p>
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<p>1 manuscript, it indicates "Aspirin use was associated</p> <p>2 with a reduced risk of ovarian cancer especially</p> <p>3 among daily users of low-dose aspirin. These</p> <p>4 findings suggest that same aspirin regimen proven to</p> <p>5 protect against cardiovascular events and several</p> <p>6 cancers could reduce the risk of ovarian cancer, 20</p> <p>7 to 34 percent, depending upon" -- "depending on</p> <p>8 frequency and dose of use."</p> <p>9 Did I read that correctly?</p> <p>10 A That's their conclusion. The result</p> <p>11 section is what actually has that data. The</p> <p>12 conclusion section doesn't comment on the NSAIDS.</p> <p>13 Q And, Doctor, on the first page of this</p> <p>14 paper, in the second paragraph, does it indicate</p> <p>15 multiple lines of evidence suggest that ovarian</p> <p>16 cancer maybe related to chronic inflammation?</p> <p>17 A So again, that's a statement from the</p> <p>18 introduction section and they're referencing to that</p> <p>19 same Ness paper that actually didn't evaluate</p> <p>20 chronic inflammation but just commented on different</p> <p>21 hypotheses as to carcinogenesis of ovarian cancer.</p> <p>22 This paper is actually very similar in findings, I</p> <p>23 think, to the Barnard paper, which I did reference</p> <p>24 to in my report.</p> <p>25 Q This paper, if you look at page two on</p>	<p>1 A You read that statement correctly, but</p> <p>2 that wasn't the only finding in this study, just</p> <p>3 like it wasn't the only finding in the Barnard</p> <p>4 study, which is why in my report, I talked about the</p> <p>5 literature on NSAIDS being inconsistent.</p> <p>6 Sometimes it looks like it reduces the</p> <p>7 risk. Sometimes it looks like there is no effect.</p> <p>8 Sometimes it looks like there actually was an</p> <p>9 increased risk of developing ovarian cancer. So the</p> <p>10 literature on NSAID use in development of ovarian</p> <p>11 cancer is inconsistent.</p> <p>12 Q How many studies did you review that</p> <p>13 indicated that NSAIDS increased the risk of ovarian</p> <p>14 cancer?</p> <p>15 A Two.</p> <p>16 Q How many studies did you review that</p> <p>17 indicated NSAIDS, including aspirin, reduced the</p> <p>18 risk of ovarian cancer?</p> <p>19 A So the issue is a little bit more complex</p> <p>20 than that because some of the studies don't</p> <p>21 necessarily break out which ones they were talking</p> <p>22 about. I believe the Barnard study looked at</p> <p>23 low-dose aspirin use, daily aspirin use, and then</p> <p>24 NSAIDS, and the results for each of those agents was</p> <p>25 different.</p>

<p style="text-align: right;">Page 274</p> <p>1 So in total, I reference, I believe -- is</p> <p>2 it three or four studies -- four studies in my</p> <p>3 review that looked at the use of NSAIDS and the</p> <p>4 development of ovarian cancer. And the literature</p> <p>5 was inconsistent.</p> <p>6 Q Do you rely on the studies that show that</p> <p>7 NSAIDS and aspirin do not reduce the risk to support</p> <p>8 your opinions that talc does not induce chronic</p> <p>9 inflammation that leads to ovarian cancer?</p> <p>10 A No, I rely on the fact that the</p> <p>11 literature is inconsistent to formulate my opinion</p> <p>12 that chronic inflammation is the mechanism by which</p> <p>13 talc would increase the risk of developing ovarian</p> <p>14 cancer is not true.</p> <p>15 Q You do admit, though, that is there is</p> <p>16 peer reviewed, published literature that NSAIDS,</p> <p>17 including aspirin, have been shown to reduce the</p> <p>18 risk of ovarian cancer, because they're</p> <p>19 anti-inflammatories; right?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 BY MS. GARBER:</p> <p>22 Q It's the mechanism?</p> <p>23 A Well, but just within this paper that you</p> <p>24 just produced as evidence, there's also within the</p> <p>25 exact same paper showing evidence that NSAIDS don't</p>	<p style="text-align: right;">Page 276</p> <p>1 not.</p> <p>2 The fact that the NSAID literature</p> <p>3 doesn't consistently show a reduction in risk speaks</p> <p>4 to it likely being some other reason that the</p> <p>5 literature is showing that, that it's not simply the</p> <p>6 prevention of chronic inflammation.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Could it be the design of the study?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: I think any time we're</p> <p>11 talking about case control studies, which is what</p> <p>12 this study, this meta-analysis looks like, this one</p> <p>13 that you just handed me, Exhibit 23, is a</p> <p>14 compilation of -- what did we say, 12</p> <p>15 population-based case control studies. I think</p> <p>16 there's always the possibility that you've got a</p> <p>17 confound in that study. That is the reason that you</p> <p>18 have the findings that you have.</p> <p>19 But the Barnard study was actually a</p> <p>20 cohort study. It was prospective. So I don't</p> <p>21 necessarily think that you're subject to the same</p> <p>22 compound and recall biases that you might be in a</p> <p>23 case control study such as Exhibit 23.</p> <p>24 BY MS. GARBER:</p> <p>25 Q So you put more weight on the Barnard</p>
<p style="text-align: right;">Page 275</p> <p>1 review -- sorry, don't reduce the risk of ovarian</p> <p>2 cancer.</p> <p>3 So what's what I mean by inconsistent, is</p> <p>4 that some components of a study, depending on the</p> <p>5 agent, show a reduction in risk. Others don't show</p> <p>6 a reduction in risk, even within the same study, and</p> <p>7 other studies have shown an increase in risk.</p> <p>8 So that's actually what I mean by</p> <p>9 inconsistent.</p> <p>10 BY MS. GARBER:</p> <p>11 Q But you nevertheless conclude based on</p> <p>12 the data with regard to NSAIDS and aspirin and risk</p> <p>13 of ovarian cancer, that there is not a mechanism of</p> <p>14 carcinogenicity by chronic inflammation, don't you?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: What I conclude is that the</p> <p>17 literature on NSAIDS and ovarian cancer does not</p> <p>18 support the hypothesis of chronic inflammation as</p> <p>19 the mechanism.</p> <p>20 If all the literature on NSAIDS</p> <p>21 consistently showed a reduction in risk across the</p> <p>22 board in the development of ovarian cancer with</p> <p>23 regular NSAID use, then I think that would actually</p> <p>24 go to potentially the biologic plausibility of</p> <p>25 chronic inflammation as a mechanism. But it does</p>	<p style="text-align: right;">Page 277</p> <p>1 cohort study than you did the meta-analyses of the</p> <p>2 data; is that fair, with regard to NSAIDS?</p> <p>3 A Well, with respect to the studies you</p> <p>4 just showed me?</p> <p>5 Q Okay.</p> <p>6 A I've not had a chance to read these two</p> <p>7 studies through, so I can't really give you an</p> <p>8 analysis on that. If we're talking about in a</p> <p>9 general principle, I do think that a cohort study is</p> <p>10 more scientifically credible than a case controlled</p> <p>11 study.</p> <p>12 Q You've rendered an opinion about what the</p> <p>13 literature shows by way of consistency with regard</p> <p>14 to NSAIDS and aspirin without reviewing all of the</p> <p>15 literature, do you agree?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: I believe that I've</p> <p>18 reviewed a sufficient amount of the literature to</p> <p>19 render the opinion that I've rendered which is that</p> <p>20 the literature is inconsistent and, in fact, the two</p> <p>21 references that you just showed me are consistent</p> <p>22 with my opinion that the literature on NSAIDS is</p> <p>23 inconsistent.</p> <p>24 BY MS. GARBER:</p> <p>25 Q Doctor, do you think it's possible to</p>

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1 render an accurate opinion without reviewing the
2 totality of the literature on a given topic?
3 MS. CURRY: Object to the form.
4 THE WITNESS: I think that you can review
5 a sufficient amount of literature to render an
6 opinion as long as the literature that you're
7 reviewing encompasses the breath and depth of the
8 science that is out there.
9 BY MS. GARBER:
10 Q Do you remember in the Echeverria report
11 what your opinions were with regard to the risk of
12 obesity and serous ovarian cancer?
13 A So I'm not entirely sure what I said in
14 that report. I'd be happy to look at it. I'm not
15 entirely sure I commented specifically on serous
16 ovarian cancer in the Echeverria report.
17 Q In this report, do you have an opinion as
18 to the risk of obesity as it pertains to serous
19 ovarian cancer?
20 A So I think the literature on obesity
21 actually does -- well, I think it's inconsistent. I
22 think that it's somewhat weak. I think that the
23 strength of the association is still in the range of
24 roughly 1.2 to 1.3. And I believe the histologic
25 subtypes that are most often associated with obesity

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1 do not include serous.
2 MS. GARBER: I'm going to mark as
3 Exhibit 24 your expert report from the Echeverria
4 matter.
5 (C. Saenz Exhibit 24 was marked for
6 identification.)
7 BY MS. GARBER:
8 Q If you could turn to -- you didn't number
9 your pages, but it's about fourth page in.
10 MS. SHARKO: Is that protected
11 information in it?
12 MS. GARBER: Not in this section -- you
13 know, that's a good point. Thank you very much,
14 Ms. Sharko. You know what we'll do is, I will
15 take --
16 MS. SHARKO: Maybe give the witness the
17 whole report, question her, and then only mark pages
18 of it.
19 MS. GARBER: Thank you. Well, I don't
20 have pages. You know what, let's do, Dr. Saenz,
21 let's put just a number, just if you could do this,
22 put a number one on the first page at the bottom.
23 THE WITNESS: On the first page? I'm
24 sorry. Okay.
25 ///

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1 BY MS. GARBER:
2 Q Let's put a number two on the second
3 page.
4 A Okay.
5 Q Then let's put a page three. And
6 page four.
7 A Okay.
8 Q That's all I'm going to mark as from the
9 report of Cheryl Saenz, MD, with regard to the
10 Echeverria report. We will just mark the first four
11 pages; okay?
12 A Ma'am, there's patient identifier
13 information on page two.
14 Q Okay. We will then just mark page four
15 of the Echeverria report.
16 A Okay. I just --
17 Q Thank you for saying that. Okay.
18 With regard to your obesity opinion, in
19 this expert report, do you indicate that the data
20 shows an increased risk for high-grade serous?
21 A In this report?
22 Q In the Echeverria report, which we've
23 marked as Exhibit 24.
24 A No. I don't comment on it increasing the
25 development of high-grade serous. I comment on it

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1 portending a worse prognosis in terms of mortality
2 for high-grade serous.
3 Q Was it your opinion that obesity
4 increases high-grade serous in that case?
5 A In terms of that incidence or the
6 mortality from?
7 Q The incidence.
8 A Not the incidence. The mortality from.
9 Q Is it your opinion in the MDL report that
10 obesity increases the risk for high-grade serous, or
11 serous ovarian cancer?
12 A The incidence?
13 Q Yes.
14 A No.
15 Q Is it your opinion that obesity increases
16 the mortality for high-grade serous?
17 A It's my opinion that obesity increases
18 the mortality for basically all of the ovarian
19 cancers.
20 Q Do you say that in your expert report?
21 A I do.
22 Q Okay.
23 A Ma'am, may I ask, what should I do with
24 this then?
25 Q Thank you. Moving on. Okay. Let's talk

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<p>1 about a different topic for awhile.</p> <p>2 Is it your opinion that the data do not</p> <p>3 support a dose response with regard to talcum</p> <p>4 powder, genital talcum powder exposure and risk of</p> <p>5 ovarian cancer?</p> <p>6 A Yes, that's correct.</p> <p>7 Q You reviewed the Berge study in</p> <p>8 connection with your expert report; correct?</p> <p>9 A The meta-analysis?</p> <p>10 Q Yes.</p> <p>11 A Yes.</p> <p>12 MS. GARBER: I will mark the Berge paper</p> <p>13 as Exhibit 25.</p> <p>14 (C. Saenz Exhibit 25 was marked for</p> <p>15 identification.)</p> <p>16 BY MS. GARBER:</p> <p>17 Q Doctor, the title of this paper is</p> <p>18 "Genital Use of Talc and Risk of Ovarian Cancer, a</p> <p>19 Meta-Analysis"; correct?</p> <p>20 A Correct.</p> <p>21 Q If you turn to page -- let's just look at</p> <p>22 the first page. In the abstract, the study authors</p> <p>23 indicate, "This meta-analysis resulted" --</p> <p>24 A I'm sorry, ma'am. On the first page,</p> <p>25 where are we? In the second column?</p>	<p>1 meta-analysis resulted in a weak but statistically</p> <p>2 significant association between genital talc use in</p> <p>3 ovarian cancer, which appears to be limited to</p> <p>4 serous carcinoma with suggestion of a dose</p> <p>5 response."</p> <p>6 If it says that, do you disagree with the</p> <p>7 study authors?</p> <p>8 MS. CURRY: Do you have a copy of that</p> <p>9 version?</p> <p>10 MS. GARBER: No, I just said that I</p> <p>11 don't.</p> <p>12 MS. CURRY: You don't have it.</p> <p>13 MS. GARBER: She had it on her reference</p> <p>14 list, and I don't. I put it in hypothetical.</p> <p>15 BY MS. GARBER:</p> <p>16 Q If the study authors say that, do you</p> <p>17 disagree with that?</p> <p>18 A So I have to look at the paper to see</p> <p>19 exactly what we're looking at and to see where</p> <p>20 they're saying the suggestion. Because the paper</p> <p>21 you've just put in front of me, by the same group,</p> <p>22 with the same title, actually says that the</p> <p>23 heterogeneity of results by study design and the</p> <p>24 lack of a trend for duration and frequency of use</p> <p>25 detract from a causal interpretation of the</p>
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<p>1 Q At the top, in the abstract.</p> <p>2 A Okay.</p> <p>3 Q Right-hand column, it indicates, "This</p> <p>4 meta-analysis." Do you see that?</p> <p>5 A Yes, thank you.</p> <p>6 Q "This meta-analysis resulted in weak but</p> <p>7 statistically significant association between</p> <p>8 genital use of talc in ovarian cancer, which appears</p> <p>9 to be a limited to serous" -- sorry.</p> <p>10 A No worries.</p> <p>11 Q I gave you the wrong version.</p> <p>12 A Give you this back?</p> <p>13 Q No. Let's just hang on.</p> <p>14 Your references indicate the Berge paper</p> <p>15 that was published in the European Journal of Cancer</p> <p>16 Prevention in 2018; correct? It's at page 32.</p> <p>17 A Yes.</p> <p>18 Q The citation there is Volume 27(3),</p> <p>19 May 2018, pages 248 to 257; correct?</p> <p>20 A Correct.</p> <p>21 Q So you have read that publication of the</p> <p>22 Berge study; correct?</p> <p>23 A Correct.</p> <p>24 Q So, Doctor, I will represent to you that</p> <p>25 at the bottom of the abstract, the study says, "This</p>	<p>1 association.</p> <p>2 MS. GARBER: Would you object if I give</p> <p>3 her a highlighted version that she can look at for</p> <p>4 purposes of this question?</p> <p>5 MS. CURRY: No objection.</p> <p>6 MS. GARBER: I can make a clean copy of</p> <p>7 it so that doesn't show up.</p> <p>8 MS. CURRY: Okay.</p> <p>9 BY MS. GARBER:</p> <p>10 Q Doctor, do you see in the abstract where</p> <p>11 I read from, at the bottom, where it says "This</p> <p>12 meta-analysis"?</p> <p>13 A "This meta-analysis resulted in a weak</p> <p>14 but statistically significant association between</p> <p>15 genital use of talc and ovarian cancer, which</p> <p>16 appears to be limited to serous carcinoma with</p> <p>17 suggestion of a dose response."</p> <p>18 Q Do you disagree with the study authors,</p> <p>19 the study provided a suggestion of a dose response?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: So I don't disagree with</p> <p>22 the suggestion. I don't think that demonstrates a</p> <p>23 dose response, because the authors also go on to</p> <p>24 say, "The heterogeneity of results by study design,</p> <p>25 however, detracts from a causal interpretation of</p>

<p style="text-align: right;">Page 286</p> <p>1 this association."</p> <p>2 MS. GARBER: Motion to strike as</p> <p>3 nonresponsive.</p> <p>4 BY MS. GARBER:</p> <p>5 Q Doctor, if you could now turn to about</p> <p>6 halfway through the paper.</p> <p>7 A Which paper, ma'am, the one that I just</p> <p>8 got handed or the one before?</p> <p>9 Q The one that you just got handed --</p> <p>10 A Okay.</p> <p>11 Q -- which we will mark as Exhibit -- we</p> <p>12 will change and we will make that Exhibit 25.</p> <p>13 MS. CURRY: I think there's been</p> <p>14 testimony on Exhibit 25. Do you want to change --</p> <p>15 do you want to mark this 26?</p> <p>16 MS. GARBER: Let's make that -- let's</p> <p>17 just make that, yeah, 26.</p> <p>18 (C. Saenz Exhibit 26 was marked for</p> <p>19 identification.)</p> <p>20 BY MS. GARBER:</p> <p>21 Q So Doctor, Exhibit 26 is now the Berge</p> <p>22 paper which is published in the European journal of</p> <p>23 Cancer Prevention, Volume 273, May 2018; correct?</p> <p>24 A Yes, ma'am.</p> <p>25 Q That's the same one that's listed on your</p>	<p style="text-align: right;">Page 288</p> <p>1 THE WITNESS: I don't necessarily know</p> <p>2 that, because I don't know what it's being compared</p> <p>3 against. If it's being compared against never use</p> <p>4 versus another time period, my answer would be</p> <p>5 different.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Okay. Can you go back to the Schildkraut</p> <p>8 paper that we marked as Exhibit 7, please. If you</p> <p>9 turn --</p> <p>10 A Give me a second, ma'am.</p> <p>11 Q Sure.</p> <p>12 A Okay.</p> <p>13 Q If you turn to page 1416 of that</p> <p>14 publication --</p> <p>15 A Yes, ma'am.</p> <p>16 Q -- on the left-hand column, about just a</p> <p>17 little below halfway down, it begins with "The</p> <p>18 results." Do you see where I am?</p> <p>19 A No.</p> <p>20 Q It's about three-quarters of the way down</p> <p>21 the results.</p> <p>22 A Oh.</p> <p>23 Q See that?</p> <p>24 A Oh, sorry, yes. The beginning of the</p> <p>25 paragraph -- yes.</p>
<p style="text-align: right;">Page 287</p> <p>1 reference list in your expert report?</p> <p>2 A Yes, ma'am.</p> <p>3 Q All right. Now, if I could have you turn</p> <p>4 to table three of that study.</p> <p>5 A I don't see a table three. Am I missing</p> <p>6 something?</p> <p>7 Q Go back one page.</p> <p>8 A Sorry; yes.</p> <p>9 Q That table three is titled "Duration and</p> <p>10 Frequency of Use of Genital Talc, Results of the</p> <p>11 Meta-Analysis." Do you see that?</p> <p>12 A No. Oh, sorry, "Duration and Frequency</p> <p>13 of Use of Genital Talc Results in Meta-Analysis."</p> <p>14 Yes.</p> <p>15 Q For the duration of ten years, the</p> <p>16 relative risk was 1.16 and statistically</p> <p>17 significant; correct?</p> <p>18 A Yes.</p> <p>19 Q And the frequency of use defined as one</p> <p>20 time per week, showed a relative risk of 1.05, also</p> <p>21 statistically significant; correct?</p> <p>22 A Yes.</p> <p>23 Q So these data support a suggestion of</p> <p>24 dose response, don't they?</p> <p>25 MS. CURRY: Object to the form.</p>	<p style="text-align: right;">Page 289</p> <p>1 Q Yes. The study authors indicate here,</p> <p>2 "The results of the current study show that genital</p> <p>3 powder use was associated with ovarian cancer risk</p> <p>4 in African-American women and are consistent with</p> <p>5 localized chronic inflammation in the ovary due to</p> <p>6 particulates that travel through a direct</p> <p>7 transvaginal route." Did I read that correctly?</p> <p>8 A You read that component of the discussion</p> <p>9 section; yes.</p> <p>10 Q The authors also say, "The dose response</p> <p>11 observed for duration of genital powder use provides</p> <p>12 further evidence for the relationship between</p> <p>13 genital powder and overall epithelial ovarian cancer</p> <p>14 risk."</p> <p>15 Did I read that correctly?</p> <p>16 A That is what the author said, but what</p> <p>17 their data actually shows, their analysis for their</p> <p>18 dose response curve was not done correctly. And so</p> <p>19 I don't agree that this paper actually shows a dose</p> <p>20 response.</p> <p>21 Q Here again, you agree -- you disagree</p> <p>22 with study authors who actually conducted the study?</p> <p>23 A I do, ma'am, because this study looked at</p> <p>24 applications without pulling out the never-users.</p> <p>25 So the weight of having a statistically significant</p>

<p style="text-align: right;">Page 290</p> <p>1 finding with more use is influenced by the never-use 2 population remaining in the analysis. 3 Q Let's look at Cramer 2016. That was 4 another study you cited in your reference list; 5 correct? 6 A Yes, ma'am. 7 (C. Saenz Exhibit 27 was marked for 8 identification.) 9 BY MS. GARBER: 10 Q Dr. Cramer was one of the -- 11 A This is 27. 12 Q Thank you. Exhibit 27 is the Cramer 2016 13 paper titled "The Association Between Talc Use in 14 Ovarian Cancer Retrospective Case Control Study in 15 Two US States"; right? 16 A Yes. 17 Q Dr. Cramer was the first study author in 18 1982 to find a statistically significant associated 19 risk between genital talc use and ovarian cancer; 20 right? 21 A I believe that he's the first person to 22 publish that, yes, ma'am. 23 Q He has since published a number of 24 studies about the issues surrounding talc and 25 ovarian cancer, including this study in 2016;</p>	<p style="text-align: right;">Page 292</p> <p>1 THE WITNESS: The Terry pooled analysis, 2 I think, from a standpoint of the way that that 3 study was conducted, I think it was scientifically 4 sound. 5 BY MS. GARBER: 6 Q Any others? There's about 30 of them; 7 right? 8 MS. CURRY: Object to the form. 9 THE WITNESS: The case control studies, I 10 don't have criticisms of all of them. It's just 11 when I'm reviewing them, I review the data in its 12 entirety, particularly looking for consistencies 13 within the study, if it's reporting on things that 14 are claimed in the conclusions. 15 BY MS. GARBER: 16 Q Do you have any criticisms of any of the 17 data that didn't find a statistically significant 18 increased risk between genital talc and epithelial 19 ovarian cancer? 20 MS. CURRY: Object to the form. 21 THE WITNESS: I'm sure I -- 22 MS. GARBER: Or are your criticisms just 23 limited to the positive data? 24 MS. CURRY: Object to the form. 25 THE WITNESS: No, my criticisms are not</p>
<p style="text-align: right;">Page 291</p> <p>1 correct? 2 MS. CURRY: Object to the form. 3 THE WITNESS: He -- he has published a 4 number of studies, yes. And -- yes, this study was 5 publish in yeah, 2016. 6 BY MS. GARBER: 7 Q Do you have any reason to doubt the 8 reliability of this particular study? 9 MS. CURRY: Object to the form. 10 THE WITNESS: I think there are problems 11 with this study, particularly with respect to the 12 reporting of a dose-response curve as we were just 13 discussing. 14 BY MS. GARBER: 15 Q Can you name any positive study that 16 supports an association between genital talc use and 17 ovarian cancer that you don't think has a problem? 18 A So I actually think the Terry pooled 19 analysis -- 20 Q Is that in your eyes? 21 A Yeah. I can just sit back a little. 22 MS. CURRY: Are you okay on the video? 23 THE VIDEOGRAPHER: Yeah, they're all 24 down. Tried to pull them down more. They're not 25 blocking.</p>	<p style="text-align: right;">Page 293</p> <p>1 just limited to the positive data. 2 BY MS. GARBER: 3 Q Let's look at the Terry 2016 study. 4 MS. CURRY: Do you mean Cramer? 5 THE WITNESS: We're looking at Terry 2013 6 or Cramer 2016? 7 MS. GARBER: Let's look at the Cramer 8 2016 study. 9 THE WITNESS: Okay. 10 MS. SHARKO: Are you okay with the sun? 11 THE WITNESS: I'm okay. If I need to -- 12 I can back up. Right now, I'm okay. 13 THE VIDEOGRAPHER: Doctor, try to move a 14 little way this way. That's fine. 15 THE WITNESS: Move this way? Yeah, 16 that's -- I'm going to sit back here. 17 THE VIDEOGRAPHER: That's better 18 actually. 19 THE WITNESS: You got the right side? 20 MS. GARBER: That's all off the record. 21 THE REPORTER: Unfortunately, it is on. 22 BY MS. GARBER: 23 Q Doctor, if you can turn to page 337 of 24 this study. 25 A Yes, ma'am.</p>

<p style="text-align: right;">Page 294</p> <p>1 Q Start with page 335 to get the full</p> <p>2 sentence. The very last sentence on 335 indicates,</p> <p>3 "An odds ratio of 1.49 with a confidence interval of</p> <p>4 1.06 to 2.10 was associated with more than 20 talc</p> <p>5 years (greater than 7200 applications) and a dose</p> <p>6 response."</p> <p>7 A That's what they wrote.</p> <p>8 Q Do you disagree with the study authors in</p> <p>9 this case that the results supported a dose</p> <p>10 response?</p> <p>11 A So I don't disagree with the finding,</p> <p>12 that that's the odds ratio. But I do disagree with</p> <p>13 the statement that this analysis, which is in the</p> <p>14 top part of the table one, looking at total genital</p> <p>15 applications among only those who reported months</p> <p>16 per year per use, that analysis, that grouping, does</p> <p>17 not support a dose response with each of those</p> <p>18 intervals of applications.</p> <p>19 The only -- there are two, actually, that</p> <p>20 report statistical significance. The one of the 361</p> <p>21 to 1800 applications, and the greater than 7200 that</p> <p>22 you just reported. But the interval in between</p> <p>23 those two does not achieve statistical significance</p> <p>24 and, in fact, has an odds ratio even lower than less</p> <p>25 application.</p>	<p style="text-align: right;">Page 296</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: Not with respect to talc</p> <p>3 and not with respect to having a lesser exposure</p> <p>4 cause a cancer as we're looking at in this</p> <p>5 circumstance, an intermediate exposure not causing</p> <p>6 cancer and then the higher exposure causing the</p> <p>7 cancer. It -- I'm not aware of anything that would</p> <p>8 say an intermediate exposure of a carcinogenic agent</p> <p>9 is safe when a lower exposure is not.</p> <p>10 BY MS. GARBER:</p> <p>11 Q You're not a toxicologist, though; right?</p> <p>12 A No, ma'am.</p> <p>13 Q If you turn to page 345, there is a</p> <p>14 summary, that says, "In summary, the study on talc</p> <p>15 in epithelial ovarian" --</p> <p>16 A I'm sorry, can you slow down and let me</p> <p>17 get there.</p> <p>18 Q Sure.</p> <p>19 A Thank you.</p> <p>20 Q 345, left-hand column. It reads, "In</p> <p>21 summary, this study on talc and epithelial ovarian</p> <p>22 cancer has contributed to the following perspectives</p> <p>23 with some new regarding this association."</p> <p>24 And the first one reads, "Overall, there</p> <p>25 is an association between genital talc use an EOC</p>
<p style="text-align: right;">Page 295</p> <p>1 So I don't believe that this grouping,</p> <p>2 the analysis of the total applications actually</p> <p>3 supports a dose response.</p> <p>4 Q You make that assumption, because you</p> <p>5 assume that the dose response needs to be linear,</p> <p>6 don't you?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: No, that's actually not</p> <p>9 true. I'm drawing that opinion from the fact that a</p> <p>10 lower number of applications was reported as a</p> <p>11 statistically significant finding, and then the</p> <p>12 intermediate number of applications actually wasn't</p> <p>13 statistically significant and had a lower odds</p> <p>14 ratio. And then the higher number of applications</p> <p>15 had statistical significance.</p> <p>16 So it's not a matter of threshold</p> <p>17 response per se. It's a matter of the fact that the</p> <p>18 statistically significant findings are interrupted</p> <p>19 by nonstatistically significant findings of an</p> <p>20 actually lower odds ratio.</p> <p>21 BY MS. GARBER:</p> <p>22 Q Are you aware of any toxicology</p> <p>23 principles that would support that you don't have to</p> <p>24 have a linear increase. It can be in the shape of</p> <p>25 go up, go down, then go back up?</p>	<p style="text-align: right;">Page 297</p> <p>1 and a significant trend with increasing talc years</p> <p>2 of use."</p> <p>3 Did you disagree with that?</p> <p>4 A I don't believe this paper supports that</p> <p>5 contention.</p> <p>6 Q So yet again here, you're disagreeing</p> <p>7 with a study author that has actually conducted a</p> <p>8 study with regard to genital talc use in ovarian</p> <p>9 cancer?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: I disagree with the</p> <p>12 statement in the conclusion section, because the</p> <p>13 table that is presented actually as the data does</p> <p>14 not support that statement.</p> <p>15 MS. GARBER: Let's mark the Terry paper</p> <p>16 as 28.</p> <p>17 (C. Saenz Exhibit 28 was marked for</p> <p>18 identification.)</p> <p>19 BY MS. GARBER:</p> <p>20 Q Doctor, you looked at this study;</p> <p>21 correct?</p> <p>22 A I read this study, yes.</p> <p>23 Q The title is "Genital Powder Use in the</p> <p>24 Risk of Ovarian Cancer, a Pooled Analysis, of</p> <p>25 8525 Cases and 9859 Controls."</p>

<p style="text-align: right;">Page 298</p> <p>1 A Correct.</p> <p>2 Q With regard to dose response at page six,</p> <p>3 the authors address -- I'm sorry, under discussion.</p> <p>4 Under discussion that begins "The biologic</p> <p>5 plausibility."</p> <p>6 Do you see where I am?</p> <p>7 A Yes.</p> <p>8 Q The authors here address some of the</p> <p>9 issues that I was just raising with regard to it may</p> <p>10 not be a linear dose response, don't they?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: You would need to point out</p> <p>13 for me exactly what you're referring to.</p> <p>14 MS. GARBER: Okay.</p> <p>15 BY MS. GARBER:</p> <p>16 Q The Terry authors indicate "The biologic</p> <p>17 plausibility for the observed association between</p> <p>18 genital talc use and ovarian cancer risk has been</p> <p>19 challenged because evidence for a dose response has</p> <p>20 been inconsistent."</p> <p>21 Gives some citation. It says "The lack</p> <p>22 of significant dose response may reflect the</p> <p>23 difficulty inherent in accurate recollection of</p> <p>24 specific details of frequency and duration of</p> <p>25 genital powder use."</p>	<p style="text-align: right;">Page 300</p> <p>1 is carcinogenic. But the literature on talc and</p> <p>2 developing ovarian cancer, that's not my criticisms</p> <p>3 of the studies that lack a dose response curve.</p> <p>4 My criticisms of the studies that lack a</p> <p>5 dose response curve are either one, they fail to</p> <p>6 pool the never-users out of the analysis, so the</p> <p>7 weight of seeing a dose response is actually</p> <p>8 influenced by the fact that the never-users still</p> <p>9 remain in the analysis.</p> <p>10 And two, there are studies such as Cramer</p> <p>11 2016 that we just talked about, that a lower dose</p> <p>12 seems to have an association between ovarian cancer,</p> <p>13 but an intermediate dose does not. And then a</p> <p>14 higher dose does have that statistical significant</p> <p>15 finding so I believe what Terry is saying, is that</p> <p>16 may be not linear. It may be threshold. But that</p> <p>17 doesn't alter the findings in Cramer. It doesn't</p> <p>18 alter the way that Schildkraut did the analysis.</p> <p>19 So those are my criticisms. I don't</p> <p>20 think it's entirely explained by what Terry is</p> <p>21 offering here in the discussion section.</p> <p>22 BY MS. GARBER:</p> <p>23 Q Do you agree that the literature -- there</p> <p>24 are literature that support a dose response?</p> <p>25 A I do not believe that there's any</p>
<p style="text-align: right;">Page 299</p> <p>1 They go on to say "Also, because not all</p> <p>2 powder products contain talc, various products may</p> <p>3 differ in their potential cardiogenic effects."</p> <p>4 MS. CURRY: Carcinogenic effects.</p> <p>5 MS. GARBER: "Carcinogenic effects.</p> <p>6 Alternatively, the association between genital</p> <p>7 powder exposure and ovarian cancer risk may not be</p> <p>8 linear, and modest exposure maybe sufficient to</p> <p>9 increase cancer risk."</p> <p>10 BY MS. GARBER:</p> <p>11 Q Did I read that correctly with counsel's</p> <p>12 help?</p> <p>13 A That, and earlier I think you missed a</p> <p>14 word. It wasn't genital talc use. It was genital</p> <p>15 powder use in the first sentence, but otherwise;</p> <p>16 yes.</p> <p>17 Q Okay. Do you agree with the authors that</p> <p>18 the dose response results that are seen in the</p> <p>19 literature and the inconsistency of those may</p> <p>20 reflect that there's not a linear response, but yet</p> <p>21 there can still be carcinogenicity?</p> <p>22 MS. CURRY: Object to the form.</p> <p>23 THE WITNESS: So I believe that the lack</p> <p>24 of a linear response may be true, and it may be that</p> <p>25 a threshold dose is the mechanism by which something</p>	<p style="text-align: right;">Page 301</p> <p>1 literature that actually has shown a dose response</p> <p>2 where the dose response calculations have been done</p> <p>3 correctly.</p> <p>4 Q You believe the failure to pull the</p> <p>5 never-users out of the equation operates to increase</p> <p>6 the odds ratio?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 THE WITNESS: I believe that the failure</p> <p>9 to pull the never-users out of the calculation of a</p> <p>10 dose response analysis does influence that analysis</p> <p>11 towards showing a higher odds ratio for increased</p> <p>12 applications or longer duration or increased</p> <p>13 frequency.</p> <p>14 BY MS. GARBER:</p> <p>15 Q Why is that if they've never used talc?</p> <p>16 A Because the dose, if you're looking at</p> <p>17 just two applications, let's say that you're looking</p> <p>18 at less than 5,000 applications or more than 5,000</p> <p>19 applications, the lower odds ratio that's calculated</p> <p>20 with less than 5,000 applications is influenced by</p> <p>21 the never-users still being in there.</p> <p>22 The higher odds ratio that you see when</p> <p>23 you calculate the odds ratio for more than 5,000</p> <p>24 applications is being compared against that</p> <p>25 population that still had no applications in it.</p>

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<p>1 So that odds ratio for that first dosing</p> <p>2 is influenced by the never-users still being</p> <p>3 contained in that grouping.</p> <p>4 Q You're speculating, aren't you, that</p> <p>5 those odds ratios are influenced by the never-users?</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: No --</p> <p>8 BY MS. GARBER:</p> <p>9 Q You have no data to suggest that that has</p> <p>10 positively influenced the data, do you?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: I absolutely do. That's</p> <p>13 actually how Terry calculated their dose response.</p> <p>14 They pulled the never-users out, and they commented</p> <p>15 that this is the only way to actually go look for a</p> <p>16 dose response. Your never-users are not going to</p> <p>17 have a statistically significant increased risk</p> <p>18 because they have no applications.</p> <p>19 So their referent number is one. That's</p> <p>20 a lower number by the fact that they're never-users.</p> <p>21 Terry pulled those patients out, the never-users,</p> <p>22 when Terry went about doing the dose calculations.</p> <p>23 And Terry did not find a statistically significant</p> <p>24 dose response curve.</p> <p>25 ///</p>	<p>1 actually the entire issue of recall bias. Any case</p> <p>2 control studies is up and open to recall bias. I</p> <p>3 have no reason to believe that somebody would report</p> <p>4 they never used talc if they never used it. But I</p> <p>5 don't have actual data on that.</p> <p>6 Q Do you have an opinion that recall bias</p> <p>7 accounts for the positive association in the case</p> <p>8 control studies?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: I think it has the</p> <p>11 potential to contribute to it.</p> <p>12 BY MS. GARBER:</p> <p>13 Q But that's not my question. Do you think</p> <p>14 that the positive results, the statistically</p> <p>15 significant association in the case control studies</p> <p>16 are attributable to recall bias?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: Not exclusively, but I</p> <p>19 think there is the potential that recall bias is</p> <p>20 influencing the odds ratios in the case control</p> <p>21 studies along with other factors that case control</p> <p>22 studies are subject to.</p> <p>23 BY MS. GARBER:</p> <p>24 Q So I'm here to get your opinion. So</p> <p>25 there's potential, but it is not your opinion that</p>
Page 303	Page 305
<p>1 BY MS. GARBER:</p> <p>2 Q Are there other data that support that</p> <p>3 failure to pull out the never-users inflated the</p> <p>4 odds ratio?</p> <p>5 MS. CURRY: Object to the form.</p> <p>6 THE WITNESS: No, every other study left</p> <p>7 them in. That's not the proper way to do that</p> <p>8 analysis, because you're weighting your lower</p> <p>9 applications by the never-users. They don't belong</p> <p>10 in the dose response calculations, because they</p> <p>11 don't have applications.</p> <p>12 BY MS. GARBER:</p> <p>13 Q But you don't know the way that you just</p> <p>14 cited in Terry in the other studies that the</p> <p>15 never-users affected the results, do you?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: No, I do, because they have</p> <p>18 an odds ratio, a referent value of one. So that is</p> <p>19 the referent value because they have no exposures.</p> <p>20 That's influencing the lower dose applications.</p> <p>21 BY MS. GARBER:</p> <p>22 Q Do you have any data to indicate that the</p> <p>23 study subjects that reported no use did, in fact,</p> <p>24 have no use?</p> <p>25 A So I think what you're getting at is</p>	<p>1 those studies are, in fact, influenced by recall</p> <p>2 bias; correct?</p> <p>3 A I do --</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 THE WITNESS: I do believe that</p> <p>6 Schildkraut demonstrated that recall bias</p> <p>7 contributes to the odds ratio because when</p> <p>8 Schildkraut analyzed the data pre-2014 and</p> <p>9 post-2014, the odds ratio changed. So I do believe</p> <p>10 that as a piece of data, the Schildkraut study does</p> <p>11 show the influence of recall bias in case control</p> <p>12 studies -- sorry, in her study.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Do you know when there was the first</p> <p>15 widespread coverage or media coverage of the talcum</p> <p>16 powder litigation?</p> <p>17 MS. CURRY: Object to the form.</p> <p>18 THE WITNESS: No, I do not.</p> <p>19 BY MS. GARBER:</p> <p>20 Q Did you read any studies that talked</p> <p>21 about that?</p> <p>22 A About the recall bias?</p> <p>23 Q Uh-huh.</p> <p>24 A Or the litigation?</p> <p>25 Q Uh-huh.</p>

<p style="text-align: right;">Page 306</p> <p>1 A Other than Schildkraut?</p> <p>2 Q Uh-huh.</p> <p>3 A Penninkilampi talks about it.</p> <p>4 Q We'll get to some of that in a minute.</p> <p>5 Do you have an opinion about whether the</p> <p>6 epidemiological data provides consistent increased</p> <p>7 risk of ovarian cancer?</p> <p>8 MS. CURRY: Object to the form.</p> <p>9 THE WITNESS: I'm sorry, you're going to</p> <p>10 have to rephrase that. That's really broad. The</p> <p>11 epidemiologic literature shows increased risk of</p> <p>12 ovarian cancer?</p> <p>13 MS. GARBER: Yes.</p> <p>14 THE WITNESS: That's very broad. I</p> <p>15 don't -- can you please rephrase that?</p> <p>16 BY MS. GARBER:</p> <p>17 Q What are your opinions about whether or</p> <p>18 not the epidemiological data is -- provides</p> <p>19 consistency or inconsistency? Don't you have</p> <p>20 opinions about that in your report?</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: With respect to what and</p> <p>23 what?</p> <p>24 BY MS. GARBER:</p> <p>25 Q With respect to genital talc use and risk</p>	<p style="text-align: right;">Page 308</p> <p>1 Do you see where I am?</p> <p>2 A So the -- is this the synopsis section?</p> <p>3 Q Yes. Do you see at the bottom of -- the</p> <p>4 third page in, under the synopsis, the second to the</p> <p>5 last paragraph?</p> <p>6 A Yes.</p> <p>7 Q It reads, "The meta-analyses of the</p> <p>8 available human studies and peer-reviewed literature</p> <p>9 indicate a consistent and statistically significant</p> <p>10 positive association between perineal exposure to</p> <p>11 talc in ovarian cancer."</p> <p>12 Do you disagree with that statement of</p> <p>13 these authors who drafted this for Health Canada?</p> <p>14 A Yes, the literature is not consistent.</p> <p>15 In fact, Berge talks about that. There's</p> <p>16 heterogeneity between case control studies and the</p> <p>17 cohort studies.</p> <p>18 Q So here, again, you're disagreeing with</p> <p>19 authors who have actually performed an analysis of</p> <p>20 the data.</p> <p>21 MS. CURRY: Object to the form.</p> <p>22 THE WITNESS: These authors didn't</p> <p>23 perform an analysis. This is a draft screening</p> <p>24 assessment, and in fact, I'm very consistent with</p> <p>25 what Berge puts forth, which is that there's</p>
<p style="text-align: right;">Page 307</p> <p>1 of ovarian cancer.</p> <p>2 A I think the epidemiologic literature on</p> <p>3 the risk of -- the possible risk of perineal</p> <p>4 application of talc and the development of ovarian</p> <p>5 cancer is inconsistent.</p> <p>6 Q You're aware of study data that</p> <p>7 indicate -- strike that.</p> <p>8 You're aware of study authors in</p> <p>9 epidemiological studies that indicate that the</p> <p>10 literature is consistent, not inconsistent; correct?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: No, you'd have to point me</p> <p>13 to what exactly you're referencing.</p> <p>14 MS. GARBER: Let's go back to Health</p> <p>15 Canada, which is Exhibit 20.</p> <p>16 THE WITNESS: Okay.</p> <p>17 MS. CURRY: Exhibit 19?</p> <p>18 MS. GARBER: Is it 19?</p> <p>19 THE WITNESS: Yes.</p> <p>20 MS. GARBER: Thank you. I misspoke. So</p> <p>21 Exhibit 19, that draft screening assessment of</p> <p>22 Health Canada.</p> <p>23 BY MS. GARBER:</p> <p>24 Q Could you please turn to page -- it's not</p> <p>25 three, but it's Roman three. It's three pages in.</p>	<p style="text-align: right;">Page 309</p> <p>1 heterogeneity, meaning inconsistency, between the</p> <p>2 cohort studies and the case control studies.</p> <p>3 MS. GARBER: Let's mark the Taher study.</p> <p>4 THE REPORTER: Which study?</p> <p>5 MS. GARBER: T-A-H-E-R, 2018. I'm going</p> <p>6 to mark as Exhibit 29 the Taher 2018 meta-analysis.</p> <p>7 (C. Saenz Exhibit 29 was marked for</p> <p>8 identification.)</p> <p>9 THE WITNESS: Thank you.</p> <p>10 BY MS. GARBER:</p> <p>11 Q Could you please turn to page 49 of the</p> <p>12 study. Under the conclusion section, beginning with</p> <p>13 "consistent," the authors conclude "Consistent with</p> <p>14 previous evaluations, the IARC and subsequent</p> <p>15 evaluations by individual investigators, the present</p> <p>16 comprehensive evaluation of all currently available</p> <p>17 relevant data indicates that perineal exposure to</p> <p>18 talcum powder is a possible cause of ovarian cancer</p> <p>19 in humans."</p> <p>20 I'm assuming that you disagree with that</p> <p>21 conclusion.</p> <p>22 A I disagree with that. I mean, they are</p> <p>23 basically saying what IARC said, and I disagree with</p> <p>24 that.</p> <p>25 Q You disagree that the literature is</p>

<p style="text-align: right;">Page 310</p> <p>1 consistent?</p> <p>2 A I disagree that the literature is</p> <p>3 consistent, because again the cohort studies do not</p> <p>4 show an increased risk.</p> <p>5 Q And you disagree that the perineal</p> <p>6 exposure to talc is a possible cause of ovarian</p> <p>7 cancer in humans?</p> <p>8 A Yes.</p> <p>9 Q Turning back to the Terry 2013 paper. If</p> <p>10 you turn to page six of that study where it</p> <p>11 indicates "Based on the consistency," do you see</p> <p>12 that?</p> <p>13 A I'm sorry, where are we?</p> <p>14 Q If you could hand that to me, because I</p> <p>15 can't find mine. Thanks.</p> <p>16 A No problem.</p> <p>17 Q Thank you. Page six, under the</p> <p>18 discussion. Do you see where it begins, "Based on</p> <p>19 the consistency"?</p> <p>20 A Yes.</p> <p>21 Q It reads, "Based on the consistency of</p> <p>22 the epidemiologic literature on talc-based body</p> <p>23 powder and ovarian cancer risk, the IARC classified</p> <p>24 talc-based body powder as a 2(b) carcinogen,</p> <p>25 possibly carcinogenic in human beings."</p>	<p style="text-align: right;">Page 312</p> <p>1 BY MS. GARBER:</p> <p>2 Q In your report at page eight, under the</p> <p>3 heading, "Genital Application of Talc," you</p> <p>4 indicate, "The majority of the published studies" --</p> <p>5 A I'm sorry. Give me a second. I see</p> <p>6 where you are, yes.</p> <p>7 Q "The majority of the published studies</p> <p>8 consist of small, retrospective case control studies</p> <p>9 with inherent selection and recall bias."</p> <p>10 A Biases.</p> <p>11 Q Biases.</p> <p>12 A Yes.</p> <p>13 Q That's your opinion?</p> <p>14 A Yes.</p> <p>15 Q The majority of them?</p> <p>16 A Yes.</p> <p>17 Q Okay. Are you aware of study author</p> <p>18 statements that have indicated that those data are</p> <p>19 not subject to recall bias?</p> <p>20 MS. CURRY: Object to the form.</p> <p>21 THE WITNESS: No, you would have to show</p> <p>22 me that, and I don't believe that you can entirely</p> <p>23 eliminate recall bias from a case control study.</p> <p>24 And selection bias is always going to be a component</p> <p>25 of a case control study because you will have people</p>
<p style="text-align: right;">Page 311</p> <p>1 So there the Terry papers are citing to</p> <p>2 IARC, where IARC was saying the data are consistent;</p> <p>3 correct?</p> <p>4 A So Terry is citing IARC, which is a 2010</p> <p>5 publication, and that's before the cohort studies</p> <p>6 such as when the talc initiative study was</p> <p>7 published. So IARC didn't actually analyze those</p> <p>8 studies, and I do believe that here, Terry is simply</p> <p>9 quoting what IARC has to say.</p> <p>10 Q Okay. Did you consider the -- did you</p> <p>11 consider the issue of recall bias in formulating</p> <p>12 your opinions in this case?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: With respect to what?</p> <p>15 BY MS. GARBER:</p> <p>16 Q With regard to the sufficiency of the</p> <p>17 literature and what it showed.</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: I think recall bias is</p> <p>20 always an issue. Whenever there's a case control</p> <p>21 study, I don't think that that's something that you</p> <p>22 can necessarily eliminate. You can try and control</p> <p>23 for it, but as we discussed earlier and as evidenced</p> <p>24 by the Schildkraut study, there's certainly an</p> <p>25 influence of, on the odds ratios, of recall bias.</p>	<p style="text-align: right;">Page 313</p> <p>1 that don't participate in terms of who your cases</p> <p>2 are. And what is the reason for them to not</p> <p>3 participate and the people that do participate, to</p> <p>4 participate, you can't sort out. You don't know</p> <p>5 what those influences are.</p> <p>6 BY MS. GARBER:</p> <p>7 Q At Exhibit 19, page 28.</p> <p>8 A What document are we on now, ma'am?</p> <p>9 Q Sorry, the Health Canada.</p> <p>10 A Health Canada.</p> <p>11 Q Health Canada, page 28.</p> <p>12 A Okay.</p> <p>13 Q Under the heading, "Uncertainties in the</p> <p>14 Evaluation of Risk in Human Health," third paragraph</p> <p>15 down, beginning with the sentence, "However."</p> <p>16 Do you see where I am?</p> <p>17 A Yes.</p> <p>18 Q The next sentence down, it begins, "The</p> <p>19 studies where the exposure is simple, e.g., never</p> <p>20 versus ever use, recall bias is unlikely to be an</p> <p>21 important source of bias."</p> <p>22 Then it cites to Narod 2016. "The</p> <p>23 positive association is strongest for serous</p> <p>24 histologic type." Then he cites to Berge 2018.</p> <p>25 Taher, 2018. "The findings that the association may</p>

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1 vary by histologic type detracts from the hypothesis
 2 of report bias, as this type of bias would likely
 3 operate in all histologic types."
 4 Then he cites to the Berge 2018 paper.
 5 Correct?
 6 A That's what it says there, but that's
 7 just not true.
 8 Q So let's talk about that for a minute.
 9 If recall bias were at play, then it wouldn't
 10 operate in some histologies and not others, would
 11 it?
 12 A So the studies that have shown the
 13 association with the serous subtype was the Gertig
 14 2000 study, which in the follow-up study with Gates
 15 in 2010, did not show the association with the
 16 serous subtype.
 17 Q Were there other studies that you saw
 18 where serous subtype was more highly associated with
 19 risk of ovarian cancer than the other subtypes?
 20 A So across the different literature that
 21 has been published at various times, there has been
 22 association with the serous type, but there have
 23 also been associations with the endometrial type.
 24 So the literature has varied, according to what
 25 subtypes were found.

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1 I also think, again, I would cite back to
 2 Schildkraut, which demonstrated the influence of
 3 recall bias, regardless. And I just don't think
 4 that you can completely eliminate recall bias.
 5 You're talking about patients with
 6 ovarian cancer that are searching for answers as to
 7 why they got their disease. They want to know why
 8 they're in this unfortunately circumstance, and we
 9 don't really know how the people that were doing the
 10 questions were asking them the questions and how
 11 that might influence them as well.
 12 Q Can you pull the Langseth paper from
 13 2008.
 14 MS. CURRY: Which exhibit number was
 15 that?
 16 MS. GARBER: I think it was seven.
 17 MS. THOMPSON: It's 12.
 18 MS. GARBER: It was not. It was 12.
 19 THE WITNESS: Almost there.
 20 BY MS. GARBER:
 21 Q If you turn to page 358.
 22 A Is that the first page?
 23 Q Yeah. On the right-hand column, the
 24 paragraph that begins with "Methodological factors,"
 25 do you see that?

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1 A Yes.
 2 Q It reads: "Methodological factors such
 3 as recall bias could always be considered in case
 4 control studies."
 5 MS. CURRY: Should always be considered.
 6 MS. GARBER: "It could have been a
 7 problem had there been widespread publicity about
 8 the possible association between use of body powder
 9 and cancer. The International Agency For Research
 10 on Cancer, IARC, working group, considers that there
 11 has not been widespread public concern about this
 12 issue, and therefore, considers it unlikely that
 13 such bias could play -- could explain the consistent
 14 findings."
 15 BY MS. GARBER:
 16 Q Did I read that correctly?
 17 A Yes, and it goes on, "Another source of
 18 recall bias could result from the fact that women
 19 with cancer tend to remember or overreport their use
 20 of body powder," which is exactly what I was saying
 21 before.
 22 Q Isn't it true, Doctor, that habitual use
 23 eliminates or reduces the risk of recall bias?
 24 MS. CURRY: Object to the form.
 25 THE WITNESS: It can reduce recall bias,

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1 but you can't eliminate it. And even as the authors
 2 say in this paper that you were just reading from,
 3 the influence of this type of recall bias cannot be
 4 ruled out. So habitual use doesn't even rule out
 5 the possibility that the women with cancer tend to
 6 overreport or remember more so their use of body
 7 powder.
 8 BY MS. GARBER:
 9 Q Would you read the Narod 2016 publication
 10 with regard to talc in ovarian cancer. I didn't see
 11 it cited on your reference list.
 12 A I think in the course of being a GYN
 13 oncologist, I probably read it, but I don't know
 14 that I read it specifically for the purposes of
 15 generating my report.
 16 MS. GARBER: So I've marked that as
 17 Exhibit 30.
 18 (C. Saenz Exhibit 30 was marked for
 19 identification.)
 20 BY MS. GARBER:
 21 Q Doctor, this was published in Gynecologic
 22 Oncology, so this is something that you probably
 23 would have read?
 24 A Quite possibly; yes.
 25 Q Doctor, here, Dr. Narod discusses that

<p style="text-align: right;">Page 318</p> <p>1 case control studies to date are consistent on the 2 right-hand column, doesn't he? 3 A He writes, "The case control studies to 4 date are consistent," yes. 5 Q If you turn -- 6 A He goes on to say, "Given the small 7 effect size, it is not surprising that some are 8 positive and some are negative." 9 Q Does he also discuss the cohort studies, 10 if you turn the page over in the left-hand column, 11 about halfway down, beginning with the word 12 "neither"? 13 MS. CURRY: I don't see where you are. 14 THE WITNESS: I don't either. 15 MS. GARBER: Second page in. 16 THE WITNESS: Yes, ma'am. 17 MS. GARBER: Left-hand column. 18 THE WITNESS: Yes, ma'am. 19 MS. GARBER: About halfway down the 20 paragraph, right after the odds ratio that ends with 21 the competence interval of 1.15. 22 THE WITNESS: I'm sorry, say that number 23 again. 24 MS. GARBER: Let me show you, where it 25 says "neither."</p>	<p style="text-align: right;">Page 320</p> <p>1 meta-analysis, when Berge looked at the cohort 2 studies and put them together, Berge did a 3 mathematical calculation to look at the power of the 4 cohort studies to be able to detect a relative risk 5 of 1.25. 6 And what Berge found was that when you 7 put the cohort studies together, you actually do 8 achieve the statistical significance to detect a 9 relative risk of 1.25 to the 99th percentile. 10 So the power is actually there within the 11 cohort studies, particularly when you do a 12 meta-analysis with them. 13 So I disagree that that data is not 14 available. I think that this is why Berge came to 15 the conclusion that you cannot say the heterogeneity 16 between the case control studies and the cohort 17 studies is due to the cohort studies lacking power. 18 BY MS. GARBER: 19 Q None of the cohort studies have a study 20 population of 200,000 women, do they? 21 MS. CURRY: Object to the form. 22 THE WITNESS: No, they don't, but the 23 pool of them does. And the pool of them did not 24 detect a statistically significant difference in the 25 risk of developing ovarian cancer with the use of</p>
<p style="text-align: right;">Page 319</p> <p>1 THE WITNESS: Thank you; okay. 2 BY MS. GARBER: 3 Q It indicates: "Neither prospective study 4 confirmed the association of talc use in ovarian 5 cancer raised by the case control studies, but 6 neither study was powered to detect the risk of 1.2 7 and, therefore, we cannot exclude the possibility." 8 He goes on to say, "Only two women in a 9 thousand will develop ovarian cancer in ten-year 10 follow-up period. If we study 10,000 women over ten 11 years, we can expect 20 cancers to occur. If the 12 true odds ratio is 1.2, we will expect 20 cancers in 13 the unexposed group of 100,000." 14 MS. CURRY: 10,000. 15 THE WITNESS: 10,000. 16 BY MS. GARBER: 17 Q And so on. He goes on to say, "In order 18 to achieve statistical significance in the 19 prospective study, we would need a much larger 20 cohort, e.g., we would need a study upwards of 21 200,000 women for ten years?" 22 Did I read that correctly? 23 A So, one, he does say that. Two, I don't 24 know what his -- the bases for his calculations and, 25 three, we actually do have that data. Berge in the</p>	<p style="text-align: right;">Page 321</p> <p>1 perineal talc. 2 BY MS. GARBER: 3 Q What did the Penninkilampi data find with 4 regard to the cohort studies? 5 MS. CURRY: Object to the form. 6 THE WITNESS: So the Penninkilampi study 7 only looked -- 8 MS. GARBER: Go ahead, I'm sorry. 9 THE WITNESS: That's okay. 10 BY MS. GARBER: 11 Q The Penninkilampi study only looked at 12 the Gertig data. It didn't look at the Gates data. 13 Do you take issue with that? 14 A I do. 15 Q Why? 16 A Because I would think that study authors 17 that are trying to conduct a meta-analysis would 18 always want to look at the most mature data, 19 particularly in cohort study. So I understand that 20 the authors didn't -- 21 Q I'm listening. I promise you, I'm 22 listening. I'm sorry. We're just short on time. I 23 can do two things at once. I'm a woman. 24 A Understood. I understand that 25 Penninkilampi didn't want to have duplicate data.</p>

<p style="text-align: right;">Page 322</p> <p>1 Q Okay; yes.</p> <p>2 A I understand that Penninkilampi didn't</p> <p>3 want to have duplicate data, so they said they</p> <p>4 didn't want to reanalyze the same patient study</p> <p>5 population. But I still -- can you move that water</p> <p>6 bottle? Sorry. This one. The light is reflecting</p> <p>7 off of it. Thank you so much.</p> <p>8 But that means that they should have</p> <p>9 favored an analysis of the Gates data over the</p> <p>10 Gertig data and they did not.</p> <p>11 Q Do you know what the metric of exposure</p> <p>12 was for the Penninkilampi meta-analysis?</p> <p>13 MS. CURRY: Object to the form.</p> <p>14 THE WITNESS: You mean what did they</p> <p>15 calculate their odds ratio off of?</p> <p>16 BY MS. GARBER:</p> <p>17 Q How did they select the exposure for</p> <p>18 purposes of their meta-analysis that was conducted?</p> <p>19 A I'd have to go look at the original study</p> <p>20 again. I can't recall off the top of my head.</p> <p>21 MS. GARBER: Let's mark Exhibit 31 the</p> <p>22 Penninkilampi study.</p> <p>23 (C. Saenz Exhibit 31 was marked for</p> <p>24 identification.)</p> <p>25 ///</p>	<p style="text-align: right;">Page 324</p> <p>1 data; correct?</p> <p>2 A Well, they didn't include the Gates data.</p> <p>3 It's not that they included the Gertig data that I</p> <p>4 take issue with. It's that they didn't include the</p> <p>5 Gates data.</p> <p>6 MS. GARBER: Now, if I mark Gertig, as</p> <p>7 Exhibit 32.</p> <p>8 (C. Saenz Exhibit 32 was marked for</p> <p>9 identification.)</p> <p>10 BY MS. GARBER:</p> <p>11 Q Doctor, if we turn to the Gertig data</p> <p>12 that the Penninkilampi authors included, was an odds</p> <p>13 ratio of 1.09, with a confidence interval of .86 to</p> <p>14 1.38; is that correct?</p> <p>15 A I'm looking at the Penninkilampi table.</p> <p>16 Do you want to reference me where to look in the</p> <p>17 Gertig paper?</p> <p>18 Q I do. So let's do this together. So in</p> <p>19 the Penninkilampi publication, under --</p> <p>20 A Table A, yes.</p> <p>21 Q -- figure 2(a) --</p> <p>22 A Right.</p> <p>23 Q -- the Gertig data that's reported, is an</p> <p>24 odds ratio of 1.09, .86 to 1.38; correct?</p> <p>25 A Yes.</p>
<p style="text-align: right;">Page 323</p> <p>1 BY MS. GARBER:</p> <p>2 Q Doctor, if you look at table two, sorry.</p> <p>3 If you look at figure two at page 46. Do you see</p> <p>4 for figure 2(a), the metric is ever-talc use or</p> <p>5 any-talc use?</p> <p>6 A I'm sorry, where are you?</p> <p>7 Q Under figure two.</p> <p>8 A Are we reading the legend?</p> <p>9 Q Yes.</p> <p>10 A Thank you.</p> <p>11 Q Figure 2(a), it indicates, "Any perineal</p> <p>12 talc use is associated with an increased risk";</p> <p>13 right?</p> <p>14 A Yes.</p> <p>15 Q Figure 2(a), the metric, is ever-use of</p> <p>16 talc; correct?</p> <p>17 A Well, it says "Any perineal talc use";</p> <p>18 yes.</p> <p>19 Q Ever-use; right?</p> <p>20 A I don't see where it says "ever."</p> <p>21 Q Well, any, ever, those are used</p> <p>22 interchangeably, aren't they?</p> <p>23 A Fair enough.</p> <p>24 Q So now if we go -- you take issue because</p> <p>25 the Penninkilampi authors included the Gertig 2000</p>	<p style="text-align: right;">Page 325</p> <p>1 Q We've already established that this is</p> <p>2 for ever-use of talc; right?</p> <p>3 A That's what the legend says.</p> <p>4 Q Now, if we go over to table two in the</p> <p>5 Gertig paper and we see ever-use of talc, we see</p> <p>6 that that's where the Penninkilampi authors got</p> <p>7 their data; correct?</p> <p>8 A So the adjusted odds ratio is 1.09 with</p> <p>9 0.86 to 1.37; correct.</p> <p>10 Q Okay. So --</p> <p>11 A So that's not exactly the same.</p> <p>12 Q Well, it's off by --</p> <p>13 A By .01.</p> <p>14 Q Close enough?</p> <p>15 A I guess for government work. But it's</p> <p>16 not exactly the same.</p> <p>17 Q For epidemiologic work. Now, if we go to</p> <p>18 the Gates paper, I'll mark that as Exhibit 33.</p> <p>19 (C. Saenz Exhibit 33 was marked for</p> <p>20 identification.)</p> <p>21 BY MS. GARBER:</p> <p>22 Q And we turn to table one at the Gates</p> <p>23 2010 paper, the authors reported that genital talc</p> <p>24 use by way of frequency; correct, not ever-never?</p> <p>25 A Correct.</p>

<p style="text-align: right;">Page 326</p> <p>1 Q So it would have been incorrect of the 2 Penninkilampi authors to include the Gates data, 3 because between the Gertig data, looking at 4 ever-never, the Gates data presented only a 5 frequency of use, so that would be comparing apples 6 to oranges by way of exposure, wouldn't it, Doctor? 7 MS. CURRY: Object to the form. 8 THE WITNESS: By that analysis, then, 9 Penninkilampi also should not have included Wu 2015. 10 Because Wu 2015 included in its analysis as 11 never-users anybody that reported use of less than 12 one year. 13 So it wasn't pure, and yet, they included 14 Wu 2015 in the analysis for the same rationale that 15 you've just pointed out Gates. 16 So Wu 2015 is in figure 2(a). So if the 17 authors are really trying to pull out and only 18 report on ever-never users, then Wu 2015 should not 19 have been included in the analysis either. 20 BY MS. GARBER: 21 Q Well, Wu -- did Wu 2009 provide 22 ever-never? 23 A That's -- 24 MS. CURRY: Object to the form. 25 THE WITNESS: -- not the issue. The</p>	<p style="text-align: right;">Page 328</p> <p>1 BY MS. GARBER: 2 Q Have you analyzed the Berge data to see 3 if the consistency of the exposures are consistent 4 throughout the meta-analysis data? 5 MS. CURRY: Object to the form. 6 THE WITNESS: Berge 2015 didn't make an 7 exclusion based on that. What I'm saying is that I 8 think you would always want to report on a study 9 that has longer latency to -- especially when you're 10 looking at development of a cancer. And Gates has a 11 longer latency than Gertig. 12 Within Wu 2015, there were patients that 13 had exposure that were grouped in never-users. So I 14 don't think that that's a reason to eliminate the 15 Gates study. 16 BY MS. GARBER: 17 Q Do you -- and I don't know why the 18 authors relied on the Gates -- on the Gertig versus 19 the Gates, because it's not in the paper. Do you? 20 A No, that's true. I tried to figure that 21 out as well by thoroughly reading that paper. What 22 I do know is that they said they -- within their 23 methodology section, that they didn't include 24 studies that had patients that were previously 25 reported on.</p>
<p style="text-align: right;">Page 327</p> <p>1 issue is, you're trying to explain that Gertig was 2 included and Gates wasn't, because it was an 3 ever-never use reporting. And what I'm saying is, 4 in figure 2(a), the fourth study down, Wu 2015 are 5 was not an ever-never use reporting. 6 So if the reason Gates was left out is 7 because frequency of use of, what was it, less than 8 one time per week was the report, then Wu 2015 9 should have been left out as well. Because Wu 2015 10 grouped women that used talc, but reported less than 11 one year of use, in with the never-users. 12 BY MS. GARBER: 13 Q Do you think in your experience, which 14 doesn't include a degree in epidemiology, that it 15 was improper for the Penninkilampi authors to 16 analyze the Gertig 2000 data rather than the Gates 17 2010 data? 18 MS. CURRY: Object to the form. 19 THE WITNESS: Yes, I do. And if the 20 rash -- especially in the rationale that you're 21 trying to propose is because they're trying to be 22 pure in the reporting of ever-never data, then they 23 weren't. Wu 2015 does not belong in that analysis 24 if the rationale that you're proposing is actually 25 what they did.</p>	<p style="text-align: right;">Page 329</p> <p>1 Q Let's talk about some of the cohorts 2 quickly, and then we'll move on to a final area -- 3 A Sure. 4 Q -- before my time expires. So in the 5 three cohort studies that you looked at, the Nurses 6 Health Study, the W-H-I and the sister study, did 7 those support your opinion that there's no credible 8 scientific evidence that talc increases risk for 9 developing ovarian cancer? 10 MS. CURRY: Object to the form. 11 THE WITNESS: They helped form my 12 opinion. 13 BY MS. GARBER: 14 Q So where the other studies were not 15 credible, these studies were? 16 MS. CURRY: Object to the form. 17 THE WITNESS: No, that's not what I said. 18 I've read everything that's there and analyzed 19 everything that I've read and every single study 20 that I've read has helped to influence my opinion. 21 I've come to the conclusions that I've 22 come to, because I've read all of these studies. So 23 just because they didn't have a statistically 24 significant finding or just because the data was 25 inconsistent doesn't mean I discounted that</p>

<p style="text-align: right;">Page 330</p> <p>1 literature. I actually evaluated that in terms of 2 generating my opinion. 3 BY MS. GARBER: 4 Q Doctor, you make reference at page 30 of 5 your report to junk science. Which of the 6 peer-reviewed public -- published data is junk 7 science that you're referencing? 8 MS. CURRY: Object to the form. 9 THE WITNESS: I'm not referencing any one 10 particular manuscript or article. I'm just saying 11 the supposition that talc causes ovarian cancer is 12 junk science. 13 BY MS. GARBER: 14 Q So the literature which supports that 15 talc is associated with a statistically significant 16 increased risk of epithelial ovarian cancer is junk 17 science? 18 MS. CURRY: Object to the form. 19 THE WITNESS: The hypothesis is. It's 20 not supported by the science. 21 BY MS. GARBER: 22 Q With regard to the cohort studies, let's 23 turn to the Gates 2010 study. That was a follow-up 24 of the Gertig 2000 study; correct? 25 MS. CURRY: Do you have another copy?</p>	<p style="text-align: right;">Page 332</p> <p>1 BY MS. GARBER: 2 Q The cohort studies were reliable based on 3 a couple of factors, one of the which is that the 4 women were the right age. 5 MS. CURRY: Object to the form. 6 BY MS. GARBER: 7 Q Is that correct? 8 A Can you direct me to the page in my 9 report that we're discussing? 10 Q Page 13. Let's turn specifically to the 11 Gates study. The age of the women in the Gates 12 study were 25 to 42; correct? 13 A Not at enrollment. 14 Q In the Gates study, the study did not ask 15 the question about talc. Instead, it just carried 16 forward the data from the Gertig, one time, 1982 17 questionnaire; is that correct? 18 A So at enrollment, so the Gates study had 19 two components. The NHS-1 Group of patients that 20 were actually originally enrolled and asked about 21 talc in 1982. And the women in that analysis 22 were -- I'm trying to find the information on age at 23 the time of enrollment. 24 Q Doctor, in the Gertig study, the women at 25 the time of enrollment were age 30 to 55.</p>
<p style="text-align: right;">Page 331</p> <p>1 This is the wrong publication. 2 THE WITNESS: It's this one. 3 MS. CURRY: I know, that's what I'm 4 looking for. 5 MS. GARBER: It's just a different -- 6 it's the same publication. 7 MS. CURRY: No, no, it's not. This is a 8 different article. 9 THE WITNESS: This is the 2008. This is 10 the 2010. 11 MS. GARBER: They got merged again. 12 Sorry. Maybe she can pull one out. 13 BY MS. GARBER: 14 Q So does the Gates article, it's follow-up 15 to the Gertig 2000 paper; correct? 16 A I mean, with respect to the NHS-1 study; 17 yes. 18 Q And you indicate that the case control 19 studies were reliable based on a couple of factors, 20 one, that the women were the right study population; 21 correct? 22 MS. CURRY: Object to the form. 23 THE WITNESS: You just said "case control 24 studies." No, that's actually not true. 25 ///</p>	<p style="text-align: right;">Page 333</p> <p>1 A Right. So that's not the number that you 2 just quoted me. So at the time of enrollment in the 3 Gertig study, they were 30 to 55; correct. 4 Q They were followed for 14 years; correct? 5 MS. CURRY: Object to the form. 6 THE WITNESS: That's how old they were 7 when they enrolled in 1976. They were asked the 8 question about talc in 1982. So they actually would 9 be six years older when they were asked about talc 10 and then they were followed for 14 years. 11 BY MS. GARBER: 12 Q When you say at page 14 that based on the 13 use of, that the average use is greater than 14 20 years, based on the Wu 2015 data, you're 15 speculating -- 16 A Where -- 17 Q -- as to when it stopped. In your expert 18 report. 19 A Page 14? 20 Q You indicate a criticism is often made of 21 the two studies, that they were only -- that they 22 only ascertained information on talc usage at one 23 point. But we know from Wu 2015, however, the women 24 who are ever users of talc in perineal area, the 25 mean duration of use is 20 years.</p>

<p style="text-align: right;">Page 334</p> <p>1 So you're speculating about the years of 2 talc use, based on the Wu data; correct? 3 MS. CURRY: Object to the form. 4 BY MS. GARBER: 5 Q You don't know that, you don't have any 6 firsthand knowledge, do you? 7 MS. CURRY: Object to the form. 8 THE WITNESS: Well, of course, I don't 9 have firsthand knowledge, but I'm building upon what 10 Wu published. And what Wu published is that the 11 average of duration of use of women that are talc 12 users is more than 20 years. 13 BY MS. GARBER: 14 Q But you're speculating -- 15 A I have no reason to believe that the 16 population in either Gertig or Gates is not typical 17 of the same population that Wu studied. 18 Q But you don't have any reason to know 19 that it was. This is an entire different study, 20 cohort, than the Wu data, wasn't it? 21 MS. CURRY: Object to form. 22 THE WITNESS: It's a different study, but 23 the women are talc users and there's every reason to 24 believe that a talc user is a talc user and the 25 duration of use is going to be more than 20 years.</p>	<p style="text-align: right;">Page 336</p> <p>1 to capture a 30- or 40-year latency for ovarian 2 cancer, were they? 3 MS. CURRY: Objection to form. 4 THE WITNESS: I disagree with that. I 5 think that in particular, with Gates and Gertig 6 study, the length of study time in that study was 7 24 years. The length of study in that study for 8 follow-up was 24 years, and if we then look at as 9 reported by Wu and as reported by Dr. Cramer, these 10 women most likely started by their mid 20s and had 11 used for more than 30 years then -- I'm sorry, more 12 than 20 years, then we actually are in the range of 13 30 plus years of latency. 14 BY MS. GARBER: 15 Q But, Doctor, to make that statement, 16 you're speculating. You don't have any information 17 from the studies that support the length of use, do 18 you? 19 A That's actually not true. The women's 20 health initiative study reported on women that had 21 used talc for more than 20 years. It then followed 22 women for 12.4 years. That puts us at 32.4 years. 23 So if you ask me whether or not the 24 latency ever got to 30 years, absolutely it did. At 25 a minimum for the women that reported more than</p>
<p style="text-align: right;">Page 335</p> <p>1 BY MS. GARBER: 2 Q The study does not give that information, 3 does it? 4 A The study doesn't include that 5 information. 6 Q Also, the Houghton study does not give 7 that information, does it? 8 MS. CURRY: Object to the form. 9 THE WITNESS: That's actually not true. 10 The Houghton study actually did study women who 11 reported on more than 20 years of usage. Houghton 12 looked at duration. 13 BY MS. GARBER: 14 Q The Gonzalez sister study did not 15 indicate the years of use, did it? 16 A That's correct. 17 Q There again, like Gates, you relied on 18 extrapolation from the Cramer study to give you that 19 data; correct? 20 A I relied on the data as reported by 21 Dr. Cramer as to the age at which women start using, 22 but I also relied on IARC, even though I don't quote 23 it there, because IARC talks about women that are 24 talc users usually starting by their mid 20s. 25 Q These cohort studies were not long enough</p>	<p style="text-align: right;">Page 337</p> <p>1 20 years of use in the Houghton study. 2 Q Doctor, what was the metric for exposure 3 in the Gertig and Gates study? 4 MS. CURRY: Objection to form. 5 THE WITNESS: Gertig and Gates looked at 6 frequency of use. Gertig looked at it with a little 7 bit more specificity than Gates did. 8 BY MS. GARBER: 9 Q And what was the metric in the Houghton 10 study? 11 A Duration. 12 MS. CURRY: Object to the form. 13 THE WITNESS: Duration of use. 14 BY MS. GARBER: 15 Q What was the metric in the sister study 16 or the Gonzalez study? 17 MS. CURRY: Object to the form. 18 THE WITNESS: Whether or not the subject 19 had used talc in the preceding 12 months. 20 BY MS. GARBER: 21 Q Didn't you testify in the Echeverria case 22 that without looking at cumulative use, in other 23 words, if you just look at one side of the equation, 24 either frequency or duration, but not frequency 25 times duration, you only see half the story?</p>

<p style="text-align: right;">Page 338</p> <p>1 MS. CURRY: Objection.</p> <p>2 THE WITNESS: I don't believe that that</p> <p>3 is actually what my testimony was.</p> <p>4 MS. CURRY: To form.</p> <p>5 BY MS. GARBER:</p> <p>6 Q Your testimony was that it would be more</p> <p>7 accurate, and it would give a better picture of the</p> <p>8 true risk to see duration times frequency in a</p> <p>9 cohort study.</p> <p>10 Wasn't that your testimony, Doctor?</p> <p>11 MS. CURRY: Objection to form.</p> <p>12 THE WITNESS: Then I don't know that</p> <p>13 you're --</p> <p>14 MS. CURRY: Do you have a copy of the</p> <p>15 testimony?</p> <p>16 THE WITNESS: -- I don't know that you're</p> <p>17 quoting me exactly. I would agree with you that had</p> <p>18 there been information on frequency and duration, it</p> <p>19 would be more informative. But I don't think that</p> <p>20 any of the cohort studies, simply because they</p> <p>21 looked at one metric, i.e., frequency or, i.e.,</p> <p>22 duration, is not informative.</p> <p>23 It would always be nice to have more</p> <p>24 information, but it doesn't discount the fact that</p> <p>25 there is information in these studies which</p>	<p style="text-align: right;">Page 340</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: Are we talking about the</p> <p>3 published ones, peer-reviewed, published?</p> <p>4 MS. GARBER: We can start there.</p> <p>5 THE WITNESS: I'm aware of at least</p> <p>6 eight.</p> <p>7 BY MS. GARBER:</p> <p>8 Q There's nine if we count the Taher paper;</p> <p>9 correct?</p> <p>10 A Which has not been published.</p> <p>11 Q Can we agree that each of nine</p> <p>12 meta-analyses, whether published or not, each showed</p> <p>13 a statistically significant increased risk in</p> <p>14 genital talc and risk of ovarian cancer?</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 THE WITNESS: Each of them did report a</p> <p>17 statistically significant odds ratio; yes, but the</p> <p>18 meta-analyses all are different in that some of them</p> <p>19 included the cohort data, but then pulled it out of</p> <p>20 the analysis and this influenced the odds ratio.</p> <p>21 And many of the meta-analyses have simply built upon</p> <p>22 the earlier meta-analyses, so they're reanalyzing</p> <p>23 the same data.</p> <p>24 BY MS. GARBER:</p> <p>25 Q So you think they're just rehashing the</p>
<p style="text-align: right;">Page 339</p> <p>1 demonstrates that there is not an increased risk of</p> <p>2 developing ovarian cancer with perineal application</p> <p>3 of talc.</p> <p>4 BY MS. GARBER:</p> <p>5 Q Amongst the cohorts, the longest</p> <p>6 follow-up was what period of time?</p> <p>7 A Follow-up of the study period itself?</p> <p>8 Q Yes.</p> <p>9 A 24, almost 25 years.</p> <p>10 Q What about the other studies?</p> <p>11 A The follow-up itself, in Houghton, was</p> <p>12 12.4 years. But again, that is -- needs to be</p> <p>13 clarified by the fact that women were asked about</p> <p>14 years of use and there were women in the study that</p> <p>15 already had reported more than 20 years of use.</p> <p>16 Q And what about the Gonzales study, what</p> <p>17 was the period of follow-up in those studies?</p> <p>18 A I believe that was 6.4 years. But I'd</p> <p>19 have to look at the study to know that I have the</p> <p>20 decimal right.</p> <p>21 Q In the meta-analyses that you looked at,</p> <p>22 how many meta-analyses are there with regard to</p> <p>23 talcum powder, genital talcum powder exposure and</p> <p>24 risk of ovarian cancer?</p> <p>25 A Are we talking --</p>	<p style="text-align: right;">Page 341</p> <p>1 same old data, so you discount them?</p> <p>2 MS. CURRY: Object to the form.</p> <p>3 THE WITNESS: I don't discount them. I</p> <p>4 absolutely reviewed them and I considered them in my</p> <p>5 opinion, but I don't think that their findings are</p> <p>6 anything unique or different. I don't think that,</p> <p>7 for example, to hear added anything to the</p> <p>8 information in the field, I think Penninkilampi is</p> <p>9 incomplete.</p> <p>10 I think that the fact that they all</p> <p>11 report similar odds ratio is not at all surprising,</p> <p>12 because they're using the same data.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Do you know what was said about the</p> <p>15 Penninkilampi article by ACOG --</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 MS. GARBER: -- when it was published.</p> <p>18 THE WITNESS: You'll have to show me what</p> <p>19 you're referring to.</p> <p>20 ///</p> <p>21 ///</p> <p>22 ///</p> <p>23 ///</p> <p>24 ///</p> <p>25 ///</p>

<p style="text-align: right;">Page 342</p> <p>1 MS. GARBER: I'm going to mark as 2 Exhibit 34 a document that the title indicates 3 "What's New in Ovarian Cancer, Best Articles From 4 the Past Year." And there are four articles that 5 are included and the Penninkilampi article was 6 listed as number two. 7 (C. Saenz Exhibit 34 was marked for 8 identification.) 9 BY MS. GARBER: 10 Q Did you consider that in your expert 11 opinions with regard to Penninkilampi? 12 A So I've actually read the Penninkilampi 13 article, and I stand by my opinions on this. This 14 is not the opinion of ACOG. This is the opinion of 15 Jason Wright. 16 Q Do you know who Jason Wright is? 17 A I do. 18 Q Do you respect him? 19 MS. CURRY: Object to the form. 20 THE WITNESS: On some issues. I've 21 actually taken issue with some of his other 22 publications in the past. This is not something 23 that is peer reviewed. This is something that he 24 submitted. 25 ///</p>	<p style="text-align: right;">Page 344</p> <p>1 BY MS. GARBER: 2 Q Do you have any opinions about 3 hospital-based versus population-based studies? 4 MS. CURRY: Object to the form. 5 THE WITNESS: With respect to what? 6 BY MS. GARBER: 7 Q Do you think one group is more reliable 8 than another? 9 A So I think -- 10 MS. CURRY: Object to the form. 11 THE WITNESS: -- in general, with respect 12 to epidemiologic analysis, you want to match your 13 subjects as closely as you can to -- you want to 14 match your subjects in your controls, your cases in 15 your controls as closely as you can. 16 So when we're talking about ovarian 17 cancer patients, the hospital-based studies, I 18 think, in these circumstances are going to be a more 19 appropriate match for ovarian cancer patients 20 because they're sick patients. So you're comparing 21 like to like. 22 With the population-based studies in 23 ovarian cancer, I don't really have a -- I don't 24 agree that a general population control person that 25 doesn't have an illness per se such as somebody with</p>
<p style="text-align: right;">Page 343</p> <p>1 BY MS. GARBER: 2 Q The range of odds ratios for the 3 meta-analyses were from 1.22 to 1.4 across those 4 nine studies; correct? 5 A I would have to see exactly, but I will 6 concede with you that I believe you are in the 7 correct range. 8 Q The Health Canada considered the 9 collective meta-analyses in coming to their causal 10 opinion about genital talcum risk of ovarian cancer, 11 didn't they? 12 MS. CURRY: Object to the form. 13 THE WITNESS: They included them in their 14 reference list. 15 BY MS. GARBER: 16 Q IARC considered 2010 -- considered the 17 meta-analyses that were then available at the time 18 of their analysis -- analysis in coming to their 19 opinions regarding genital talc and carcinogenicity. 20 MS. CURRY: Object to the form. 21 THE WITNESS: I don't know that IARC 22 considered the meta-analyses. I think that IARC 23 considered published literature, but I don't 24 actually know that IARC considered the metas. 25 ///</p>	<p style="text-align: right;">Page 345</p> <p>1 ovarian cancer is necessarily an appropriate match 2 control. 3 So I think that's why you see, for 4 example, something like in the Langseth paper, where 5 there's a difference in the studies that find 6 statistically significant odds ratios in the 7 population-based studies versus the hospital-based 8 studies. 9 BY MS. GARBER: 10 Q Doctor, you reviewed the IARC 2012 11 analysis, didn't you? 12 MS. CURRY: Object to the form. 13 THE WITNESS: You mean the monograph? 14 MS. GARBER: Yes, thank you. 15 THE WITNESS: Yes. On asbestos? 16 MS. GARBER: Yes. 17 BY MS. GARBER: 18 Q Did that formulate your opinions about 19 asbestos in this case? 20 A No. 21 MS. CURRY: Object to the form. 22 THE WITNESS: No. 23 MS. SHARKO: So we have about 20 minutes 24 left on the record. 25 MS. GARBER: Let's mark as Exhibit 35.</p>

<p style="text-align: right;">Page 346</p> <p>1 Was I supposed to bring a bunch of these? I knew 2 you'd have one. 3 MS. CURRY: According to the CMR, I 4 believe so. I do have my own copy this time. 5 MS. GARBER: All right, I'm glad to see 6 you have your own. 7 (C. Saenz Exhibit 35 was marked for 8 identification.) 9 BY MS. GARBER: 10 Q Doctor, did you read the entirety of this 11 IARC Monograph Volume 100C? 12 A No. 13 Q Which portions did you read? 14 A The portions that pertained to ovarian 15 cancer. 16 Q And the topic of asbestos? 17 A Yes, ma'am. 18 Q You didn't read this IARC Monograph with 19 regard to heavy metals like chromium or nickel, did 20 you? 21 A No, I did not. 22 Q If I could have you turn to page 219. 23 A I'm sorry, say that again. 24 Q Page 219. 25 A Sure.</p>	<p style="text-align: right;">Page 348</p> <p>1 BY MS. GARBER: 2 Q This monograph pertains to asbestos and 3 talc containing asbestiform fibers; right? 4 A That's what it says. 5 Q Are you aware that the IARC Monograph 6 states that the general population can be exposed to 7 asbestos through perineal powder use? 8 MS. CURRY: I'm sorry, where are you 9 reading? 10 THE WITNESS: Where is this in the 11 monograph? 12 MS. GARBER: Turn to 232. Sorry, I was 13 on the wrong page. If you turn to page 232, where 14 it says "Human Exposure." 15 THE WITNESS: Yes. 16 MS. GARBER: Subheading, "Exposure in the 17 General Population." It indicates: "Consumer 18 products, e.g. cosmetics, pharmaceuticals are the 19 primary sources of exposure to talc for the general 20 population. Inhalation and dermal contact, i.e., 21 through a perineal application of talcum powders are 22 the primary routes of exposure." 23 BY MS. GARBER: 24 Q Did I read that correctly? 25 A Yes.</p>
<p style="text-align: right;">Page 347</p> <p>1 Q You've testified in the past, haven't 2 you, that you're not an expert in asbestos; right? 3 A That's correct. 4 Q Under the heading, "Identification of the 5 Agent," the monograph indicates, midway through the 6 paragraph, "The conclusion reached by this monograph 7 about asbestos" -- 8 A In this monograph. 9 Q I'll start again. The monograph 10 indicates: "The conclusions reached in this 11 monograph about asbestos and it's carcinogenic risk 12 applied to the six types of fibers, wherever they 13 are found, and that includes talc containing 14 asbestiform fibers." 15 Did I read that correctly? 16 A Yes, ma'am. 17 Q When it indicates the six types of 18 fibers, those are the six type of asbestos fibers 19 listed above; correct? 20 A I believe it's -- 21 MS. CURRY: Object to the form. 22 THE WITNESS: I believe it's the six 23 types of fibers that are listed in the title of this 24 section on page 219, yes. 25 ///</p>	<p style="text-align: right;">Page 349</p> <p>1 Q You read the Heller 1996 paper, correct? 2 MS. CURRY: Object to the form. There 3 are multiple Heller 1996 papers. I'm not sure which 4 one you're referring to. 5 MS. GARBER: Heller 1996 that related to 6 asbestos. 7 THE WITNESS: I don't know. Let me see. 8 I believe that it's on my additional materials 9 reviewed by list, yes. Number 11. 10 BY MS. GARBER: 11 Q Do you -- 12 A Oh, I take that back. That's malignant 13 mesotheliomas. Are we talking about the correlation 14 of asbestos fiber burdens and fallopian tubes and 15 ovarian tissue? 16 Q Yes. Did you read that paper? 17 A Yes. 18 Q Do you believe that paper provides 19 support that asbestos can reach the ovarian tissue? 20 MS. CURRY: Object to the form. 21 THE WITNESS: So I don't know how the 22 asbestos that's reported in the Heller paper got 23 there. I don't know if it's inhalation, ingestion. 24 I don't know if it's contamination. I have no way 25 of knowing.</p>

<p style="text-align: right;">Page 350</p> <p>1 BY MS. GARBER:</p> <p>2 Q Okay.</p> <p>3 A And I'm sorry, I think we -- that you</p> <p>4 misquoted. I think that this is Heller 1999. Not</p> <p>5 1996.</p> <p>6 Q On your --</p> <p>7 A Unless I have a typo.</p> <p>8 Q On your reference list, you cite -- you</p> <p>9 cite Heller 1996, asbestos exposure and ovarian</p> <p>10 fiber burden. Did I read that correctly?</p> <p>11 A Oh, I apologize, ma'am. Yes. I was</p> <p>12 looking in the additional materials reviewed, so my</p> <p>13 bad.</p> <p>14 MS. GARBER: I'm going to mark the</p> <p>15 "Heller 1996 Asbestos Exposure and Ovarian Fiber</p> <p>16 Burden" as Exhibit 36.</p> <p>17 (C. Saenz Exhibit 36 was marked for</p> <p>18 identification.)</p> <p>19 BY MS. GARBER:</p> <p>20 Q Doctor, if you could turn to page 438,</p> <p>21 left-hand column.</p> <p>22 Doctor, if you're going to read it, we'll</p> <p>23 go off the record. We're short on time. I didn't</p> <p>24 ask you to read it. I asked you to --</p> <p>25 A I understand that, but I want to --</p>	<p style="text-align: right;">Page 352</p> <p>1 opinions?</p> <p>2 A Right, so I believe that many of those</p> <p>3 citations are the same ones that are reported in the</p> <p>4 IARC Monograph that talks about heavy occupational</p> <p>5 exposure.</p> <p>6 So I did read those and consider those,</p> <p>7 but again, I don't necessarily agree with IARC. I</p> <p>8 think there are problems in this.</p> <p>9 Q Is it your opinion that asbestos is</p> <p>10 associated with ovarian cancer and heavy</p> <p>11 occupational users?</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 THE WITNESS: So I don't necessarily</p> <p>14 agree with IARC's conclusions on that, because I</p> <p>15 think as we've discussed earlier, I believe, that</p> <p>16 there are problems with the five studies that IARC</p> <p>17 looked at, including problems of misclassification,</p> <p>18 problems of using death certificates, and not</p> <p>19 necessarily -- I -- actually identifying whether or</p> <p>20 not these women had peritoneal mesothelioma versus</p> <p>21 ovarian cancer.</p> <p>22 BY MS. GARBER:</p> <p>23 Q Doctor, have you testified that asbestos</p> <p>24 can cause ovarian cancer with heavy occupation</p> <p>25 allege exposure?</p>
<p style="text-align: right;">Page 351</p> <p>1 there's --</p> <p>2 MS. GARBER: Let's go off the record.</p> <p>3 THE WITNESS: -- four Heller papers.</p> <p>4 MS. GARBER: Let's go off the record.</p> <p>5 THE VIDEOGRAPHER: Time is now 6:05.</p> <p>6 Going off the record.</p> <p>7 (Break in the deposition taken at 6:06 p.m.)</p> <p>8 0o0</p> <p>9 (The deposition resumed at 6:07 p.m.)</p> <p>10 0o0</p> <p>11 THE VIDEOGRAPHER: Time is now 6:06.</p> <p>12 Back on the record.</p> <p>13 BY MS. GARBER:</p> <p>14 Q At page 438, left-hand column. Beginning</p> <p>15 in the first paragraph, where it begins, "Asbestos,"</p> <p>16 it indicates, "Asbestos causes" --</p> <p>17 A 438, beginning in the left-hand column.</p> <p>18 First paragraph or second paragraph?</p> <p>19 Q I said the first paragraph.</p> <p>20 A First paragraph. Okay. I'm right there</p> <p>21 with you.</p> <p>22 Q "Asbestos causes malignant mesothelioma</p> <p>23 and there is evidence to support it as an etiology</p> <p>24 in ovarian carcinoma as well." And some citations.</p> <p>25 Did you consider that in formulating your</p>	<p style="text-align: right;">Page 353</p> <p>1 MS. CURRY: Object to the form.</p> <p>2 THE WITNESS: I'd have to look at my</p> <p>3 testimony to know if that's exactly what I said.</p> <p>4 BY MS. GARBER:</p> <p>5 Q Well, if it's the truth, wouldn't you</p> <p>6 remember it, Doctor?</p> <p>7 MS. CURRY: Object to the form.</p> <p>8 BY MS. GARBER:</p> <p>9 Q Do you have to see your old testimony to</p> <p>10 see what your opinions are?</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: Ma'am, I gave you my</p> <p>13 opinion today. I don't know that you're reading</p> <p>14 accurately from what that transcript is and that</p> <p>15 transcript was from, I believe, if that's the trial</p> <p>16 transcript, July of 2017. If it was the deposition,</p> <p>17 it's almost three years ago now so -- or two years</p> <p>18 ago. So I would need to see it to know --</p> <p>19 BY MS. GARBER:</p> <p>20 Q Has your opinion changed?</p> <p>21 A I don't know that you're reading my</p> <p>22 testimony accurately. And I would ask to be able to</p> <p>23 see my testimony to see if that's actually true. I</p> <p>24 gave you my opinion today. I'm simply asking to see</p> <p>25 if I can look at what you're reading to see if</p>

<p style="text-align: right;">Page 354</p> <p>1 you're reading it accurately.</p> <p>2 Q It was formerly your opinion prior to the</p> <p>3 MDL report and today's testimony that asbestos could</p> <p>4 cause ovarian cancer in heavy occupational use, was</p> <p>5 it not?</p> <p>6 MS. CURRY: Object to the form.</p> <p>7 THE WITNESS: Ma'am, I'm not going to</p> <p>8 comment on that unless you actually let me see the</p> <p>9 testimony and see what I said.</p> <p>10 MS. GARBER: I will read it to you first.</p> <p>11 THE WITNESS: Ma'am, that's not going to</p> <p>12 be good enough.</p> <p>13 BY MS. GARBER:</p> <p>14 Q "But my question is simple."</p> <p>15 I'm going to read it, and then I'll show</p> <p>16 it to you.</p> <p>17 "But my question simple. Answer it,</p> <p>18 please. So we'll know which side of the</p> <p>19 equation you're on. Does asbestos cause</p> <p>20 ovarian cancer, Dr. Saenz?"</p> <p>21 Your answer is: "Answer: Yes, with</p> <p>22 heavy occupational exposure. Yes, if</p> <p>23 exposed enough, that's what I said."</p> <p>24 "Well, ma'am, you're not an asbestos</p> <p>25 specialist, are you?"</p>	<p style="text-align: right;">Page 356</p> <p>1 trial, Doctor --</p> <p>2 A Ma'am, I'm not done.</p> <p>3 Q Okay.</p> <p>4 A In the context of being asked about what</p> <p>5 I thought about IARC's report and whether or not</p> <p>6 IARC showed that in the context, did IARC report</p> <p>7 that asbestos causes ovarian cancer with heavy</p> <p>8 occupational exposure. I recorded that. But it was</p> <p>9 with the qualifications that I had problems with the</p> <p>10 studies in the IARC Monograph.</p> <p>11 Q I understand that.</p> <p>12 A That's exactly what I've said here today.</p> <p>13 Q Is your --</p> <p>14 A I have not changed my opinion.</p> <p>15 Q I understand that. Is your opinion --</p> <p>16 no, I don't understand that. Is your opinion today</p> <p>17 that asbestos causes ovarian cancer?</p> <p>18 MS. CURRY: Object to the form.</p> <p>19 THE WITNESS: My opinion today is that I</p> <p>20 don't think the IARC Monograph conclusions are</p> <p>21 correct. I believe that there are problems with</p> <p>22 those studies. And my opinion, as I stated then in</p> <p>23 the Ingham trial, is that there are problems with</p> <p>24 those studies.</p> <p>25 And so IARC makes that conclusion,</p>
<p style="text-align: right;">Page 355</p> <p>1 "No, I am not."</p> <p>2 MS. CURRY: What transcript are you</p> <p>3 reading from?</p> <p>4 MS. GARBER: I'm reading from the Ingham</p> <p>5 testimony at trial.</p> <p>6 MS. CURRY: If you need to see additional</p> <p>7 pages, please let Counsel know.</p> <p>8 BY MS. GARBER:</p> <p>9 Q Is that your testimony? Did I read it</p> <p>10 correctly?</p> <p>11 A No, ma'am, you're not reading this</p> <p>12 accurately, because earlier in this transcript, I'm</p> <p>13 asked about what I think of the IARC monograph. And</p> <p>14 that's actually very consistent with what I'm saying</p> <p>15 here today.</p> <p>16 In this transcript, I said, I read the</p> <p>17 IARC Monograph. I've read the studies in the</p> <p>18 monograph and I know the conclusion that IARC came</p> <p>19 to. And I think there are some problems with the</p> <p>20 studies that they used to come to that conclusion,</p> <p>21 but that is their conclusion. I understand that,</p> <p>22 but that was limited to heavy occupational exposure.</p> <p>23 So in the context --</p> <p>24 BY MS. GARBER:</p> <p>25 Q But you've said -- you've said in the</p>	<p style="text-align: right;">Page 357</p> <p>1 but I don't necessarily agree with that conclusion.</p> <p>2 BY MS. GARBER:</p> <p>3 Q But Dr. Saenz, the record speaks for</p> <p>4 itself.</p> <p>5 A Ma'am, you can't cherry-pick one line.</p> <p>6 The context of which --</p> <p>7 Q No, now you're interrupting me. I'm</p> <p>8 trying to ask you a question, I'm short on time and</p> <p>9 you know it. The IARC -- you testified in the</p> <p>10 Ingham trial, and you admitted to Mr. Lenear, that</p> <p>11 heavy occupational use of asbestos was associated</p> <p>12 with ovarian cancer.</p> <p>13 Now you're here today saying something</p> <p>14 differently, that it doesn't, correct?</p> <p>15 MS. CURRY: Object to the form, misstates</p> <p>16 the testimony.</p> <p>17 THE WITNESS: I'm not saying anything any</p> <p>18 different than I said in my testimony --</p> <p>19 MS. GARBER: I just need to know what</p> <p>20 your opinion is --</p> <p>21 MS. SHARKO: Don't interrupt the witness,</p> <p>22 come on.</p> <p>23 BY MS. GARBER:</p> <p>24 Q When you show up at any hearing or trial,</p> <p>25 are you going to tell the court and jury that</p>

<p style="text-align: right;">Page 358</p> <p>1 asbestos does or doesn't cause ovarian cancer?</p> <p>2 That's all I need to know, and we're pretty much</p> <p>3 done.</p> <p>4 MS. CURRY: Object to the form.</p> <p>5 THE WITNESS: My testimony today is</p> <p>6 consistent with what I said in testimony at trial at</p> <p>7 the Ingham trial. I take issue with the conclusions</p> <p>8 that IARC has drawn. But the conclusions that IARC</p> <p>9 has drawn is that ovarian cancer can be caused by</p> <p>10 asbestos, but it's limited to heavy occupational</p> <p>11 exposure. I don't agree with those conclusions.</p> <p>12 BY MS. GARBER:</p> <p>13 Q You have stated at trial, haven't you,</p> <p>14 asbestos can cause inflammation at the cellular</p> <p>15 level?</p> <p>16 MS. CURRY: Object to the form. May we</p> <p>17 see the testimony?</p> <p>18 THE WITNESS: I don't know that I said</p> <p>19 that.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Have you said asbestos generates R-O-S</p> <p>22 and N-O-S?</p> <p>23 MS. CURRY: Object to the form.</p> <p>24 BY MS. GARBER:</p> <p>25 Q Have you testified to that?</p>	<p style="text-align: right;">Page 360</p> <p>1 THE WITNESS: Again, ma'am, I'd like to</p> <p>2 see the testimony to know the exact context in which</p> <p>3 you're pulling that from.</p> <p>4 MS. SHARKO: Aren't we now at seven</p> <p>5 hours?</p> <p>6 MS. GARBER: You've testified that</p> <p>7 asbestos can cause resistance to apoptosis, which is</p> <p>8 an established mechanistic event for the development</p> <p>9 of ovarian cancer, haven't you?</p> <p>10 MS. CURRY: Object to the form.</p> <p>11 THE WITNESS: You would have to show me</p> <p>12 that testimony, ma'am.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Do you ever tell your patients that</p> <p>15 asbestos is a risk factor for ovarian cancer?</p> <p>16 A No, I do not.</p> <p>17 Q Are you -- if a patient asks you, Doctor,</p> <p>18 is there asbestos in the Johnson & Johnson products</p> <p>19 that I'm using on my genitals, how would you reply?</p> <p>20 A I would reply to them that I do not know</p> <p>21 what the actual makeup of the baby powder products</p> <p>22 are, but that the literature that I have reviewed as</p> <p>23 a paid expert for Johnson & Johnson does not show</p> <p>24 any consistency that using baby powder products in</p> <p>25 the perineal region increases the risk of developing</p>
<p style="text-align: right;">Page 359</p> <p>1 MS. CURRY: Object to the form. Can we</p> <p>2 see the testimony?</p> <p>3 THE WITNESS: I can't recall saying that</p> <p>4 specifically. I would be happy to review it for</p> <p>5 you.</p> <p>6 BY MS. GARBER:</p> <p>7 Q Have you testified that asbestos is</p> <p>8 genotoxic?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: I cannot verify for you</p> <p>11 that I have testified to that. I'd be happy to</p> <p>12 review the testimony for you.</p> <p>13 BY MS. GARBER:</p> <p>14 Q Have you testified that asbestos can</p> <p>15 cause epigenetic alterations?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: I don't know that I have</p> <p>18 said that phrase exactly, ma'am. I'd be happy to</p> <p>19 look at the testimony.</p> <p>20 BY MS. GARBER:</p> <p>21 Q Asbestos can alter signaling pathways</p> <p>22 which is an established mechanistic event for some</p> <p>23 cancers, including ovarian cancer. You agreed to</p> <p>24 that, didn't you?</p> <p>25 MS. CURRY: Object to the form.</p>	<p style="text-align: right;">Page 361</p> <p>1 ovarian cancer.</p> <p>2 Q And I want you -- I'm going to ask you a</p> <p>3 final hypothetical. I want you to assume that there</p> <p>4 is asbestos in Johnson & Johnson baby powder</p> <p>5 products or Johnson & Johnson talcum powder</p> <p>6 products. And if a patient asked you, Doctor, is it</p> <p>7 safe for me to use that product on my genitals, what</p> <p>8 would be your reply?</p> <p>9 MS. CURRY: Object to the form.</p> <p>10 THE WITNESS: My reply would be, to my</p> <p>11 patient, ma'am, I've done a thorough review of the</p> <p>12 literature, the case control studies, the biologic</p> <p>13 plausibility, the cohort studies, it is my review</p> <p>14 and my opinion that there is no increased risk of</p> <p>15 you developing ovarian cancer from the use of</p> <p>16 Johnson & Johnson baby powder products and I would</p> <p>17 disclose that I am a paid expert in this litigation</p> <p>18 testimony.</p> <p>19 BY MS. GARBER:</p> <p>20 Q You would counsel your patient to put a</p> <p>21 product that has asbestos in it on her genitals?</p> <p>22 MS. CURRY: Object to the form, misstates</p> <p>23 the testimony.</p> <p>24 THE WITNESS: I don't believe that there</p> <p>25 is any -- any increased risk of developing ovarian</p>

<p style="text-align: right;">Page 362</p> <p>1 cancer with the use of Johnson & Johnson baby powder</p> <p>2 products. And if asbestos is in the baby powder and</p> <p>3 the baby powder is the vehicle by which the asbestos</p> <p>4 is being delivered there, then the baby powder</p> <p>5 literature should show an increased risk of</p> <p>6 developing ovarian cancer. And it does not.</p> <p>7 BY MS. GARBER:</p> <p>8 Q Doctor, based on the IARC assessment of</p> <p>9 asbestos and risk of ovarian cancer, and I want you</p> <p>10 now to assume that there is asbestos in Johnson &</p> <p>11 Johnson talcum powder products. It is your</p> <p>12 testimony that you would counsel your patient that</p> <p>13 it is safe, based on your review of the literature,</p> <p>14 to put that product containing asbestos on her</p> <p>15 genitals, that's your testimony?</p> <p>16 MS. CURRY: Object to the form.</p> <p>17 THE WITNESS: Yes.</p> <p>18 MS. GARBER: Okay. Thank you. I'm</p> <p>19 finished for now.</p> <p>20 THE VIDEOGRAPHER: The time is now 6:17.</p> <p>21 Going off the record.</p> <p>22 (Break in the deposition taken at 6:18 p.m.)</p> <p>23 0o0</p> <p>24 (The deposition resumed at 6:18 p.m.)</p> <p>25 0o0</p>	<p style="text-align: right;">Page 364</p> <p>1 I, CHERYL SAENZ, M.D., do hereby declare</p> <p>2 under penalty of perjury that I have read the</p> <p>3 foregoing transcript; that I have made any</p> <p>4 corrections as noted in ink, initialed by me; that</p> <p>5 my testimony as contained herein, as corrected, is</p> <p>6 true and correct.</p> <p>7</p> <p>8 EXECUTED this _____ day of</p> <p>9 _____, 20____, at _____,</p> <p>10 (City)</p> <p>11 _____.</p> <p>12 (State)</p> <p>13</p> <p>14 _____</p> <p>15 CHERYL SAENZ, M.D.</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 363</p> <p>1 THE VIDEOGRAPHER: The time is now 6:17.</p> <p>2 Back on the record.</p> <p>3 EXAMINATION</p> <p>4 -o0o-</p> <p>5 BY MS. CURRY:</p> <p>6 Q Dr. Saenz, I just have one final question</p> <p>7 for you, and that is, having heard and seen</p> <p>8 everything presented to you today by plaintiffs'</p> <p>9 counsel, do you stand by all of your opinions in</p> <p>10 your expert report in this case?</p> <p>11 A I stand by everything that is in my</p> <p>12 expert report. I stand by everything that I have</p> <p>13 expressed as an opinion today.</p> <p>14 MS. CURRY: Thank you. No further</p> <p>15 questions.</p> <p>16 MS. GARBER: No further questions.</p> <p>17 THE VIDEOGRAPHER: The time is now 6:18.</p> <p>18 This concludes the deposition. Going off the</p> <p>19 record.</p> <p>20 (The deposition was concluded at 6:19 p.m.)</p> <p>21 0o0</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 365</p> <p>1 REPORTER'S CERTIFICATE</p> <p>2 I, Valerie C. Rodriguez, a Certified</p> <p>3 Shorthand Reporter for the State of California, do</p> <p>4 hereby certify:</p> <p>5 That prior to being examined, CHERYL</p> <p>6 SAENZ, M.D., the witness named in the foregoing</p> <p>7 deposition, was by me duly sworn;</p> <p>8 That said deposition was taken before me</p> <p>9 at the time and place set forth herein and was</p> <p>10 stenographically reported by me in shorthand and</p> <p>11 thereafter transcribed into typewriting using</p> <p>12 computer-aided transcription, and I hereby certify</p> <p>13 that said deposition is a full, true, and correct</p> <p>14 transcript; that the dismantling, unsealing, or</p> <p>15 unbinding of the original transcript will render the</p> <p>16 reporter's certificate null and void.</p> <p>17 I further certify that I am neither</p> <p>18 counsel for, nor related to any party to said</p> <p>19 action, nor in any way interested in the outcome</p> <p>20 thereof. IN WITNESS WHEREOF, I have subscribed my</p> <p>21 name this 15th day of March, 2019.</p> <p>22</p> <p>23</p> <p>24 _____</p> <p>25 VALERIE C. RODRIGUEZ CSR No. 12871 (orig. 6980)</p>

Cheryl Saenz, M.D.

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1 DEPOSITION ERRATA SHEET

2 Case Name: IN RE JOHNSON & JOHNSON

3 Name of Witness: CHERYL SAENZ, M.D.

4 Date of Deposition: MARCH 13, 2019, 2019

5 Job No.: 210344

6 Reason Codes: 1. To clarify the record.

7 2. To conform to the facts.

8 3. To correct transcription errors.

9

Page _____ Line _____ Reason _____

10

From _____ to _____

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Page _____ Line _____ Reason _____

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From _____ to _____

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Page _____ Line _____ Reason _____

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From _____ to _____

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Page _____ Line _____ Reason _____

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From _____ to _____

18

19

Page _____ Line _____ Reason _____

20

21 _____ Subject to the above changes, I certify
that the transcript is true and correct.

22

23 _____ No changes have been made. I certify that
the transcript is true and correct.

24

25

CHERYL SAENZ, M.D.